

Appendix A: Applied Practice Experience Placement Information

Fill out and return this form to the faculty supervisor prior to scheduling the APEX.

Name:

Address:

Home Phone Number:

E-mail Address:

APEX Site:

Field Supervisor Phone Number:

Field Supervisor E-mail Address:

APEX Site Address:

Work Phone at APEX Site:

Start Date:

Anticipated End Date:

Student Activities/Learning Objectives/Competencies Report of Intended APEX Activities

List major projects to be performed:

List at least five competencies, 3 of which must be MPH foundational competencies. (see Chapter 6):

List other duties and responsibilities:

This statement of responsibilities is acceptable to us (signatures required; electronic accepted):

Student:

Date:

Field Supervisor:

Date:

Faculty Supervisor:

Date:

Appendix B: Agreement to Safeguard Confidential Information

I, _____ (**Name**), Student Intern, at _____

(**Agency**), do certify my understanding that any patient/person accepting services, or counseling, and/or referral through the medium of the _____ (**Agency**)

may unequivocally anticipate that any violation of this rule will result in the immediate termination of my APEX at eh approved agency listed above. It is a breach of professional ethics to reveal confidential communications without the express written consent of the person/patient.

Student Signature _____

Date _____

Appendix C: Student Affiliation Agreement

1. The student will be expected to conduct himself/herself in a professional and responsible manner and to understand that he/she is in a position of observation and/or participation. In no way will any student whose participation is limited to observation status attempt to interfere with interaction in progress between the _____ (Agency) representative and the public.
2. THE STUDENT UNDERSTANDS THAT THIS PROGRAM AND REPRESENTATIVE THEREOF CANNOT AND WILL NOT ASSUME ANY RESPONSIBILITY OR LIABILITY FOR INJURY, EXPOSURE, OR OCCUPATIONAL HAZARDS ASSOCIATED WITH STUDENT OBSERVATION AND/OR ACTIVE PARTICIPATION. In this regard, it is advisable that each student have health and accident insurance currently in effect.

I understand and agree to comply with all of the above provisions concerning my participation in a program of observation and/or active participation administered through the _____ (Agency).

Student's Signature

Date

Faculty Supervisor's Signature

Date

Appendix D: Agency Affiliation Agreement

BETWEEN

Eastern Kentucky University – College of Health Sciences Master of Public Health (MPH) Program and _____ (Agency) and _____ (Name of Student)

PURPOSE:

This agreement entered into this _____ day of _____ / _____ Between Eastern Kentucky University, College of Health Sciences, MPH Program and the _____, hereinafter referred to as the **Agency**, is for a cooperative program of education for _____ (Name of Student). Since no financial obligation between **Eastern Kentucky University, College of Health Sciences, MPH Program** and the **Agency** is involved, the scope of the agreement is focused on the general activities planned and the assignment of responsibilities between the parties.

GENERAL AGREEMENT:

It is agreed that the _____ will serve as the Agency for the Eastern Kentucky University – MPH students in such a number and at such time as the parties hereto mutually agree; further, that the staff of the Agency will provide the necessary instruction and supervision of its students to ensure the proper application of the internship/practicum objectives.

For the MPH Program
Eastern Kentucky University

Date

For _____ (Agency)

Date