

CHE 498 Manual

Community Health
Education
Preceptorship

*A capstone for your education,
and a cornerstone for your career*

September 19, 2007

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INTRODUCTION

This manual has been prepared to inform Community Health Education students, and Preceptors (agency mentors/supervisors) about the purpose, objectives, procedures, and requirements of the Community Health Education Preceptorship. The document is meant to serve as a guide for establishing and carrying out the Preceptorship experience.

Learning opportunities within the Preceptorship vary considerably and change periodically, therefore, this manual should not be considered a rigid document, but a guide for those involved with the Community Health Preceptorship.

The Preceptorship is designed to serve as a transition for a student between the university curriculum to a professional Community Health setting. It is designed to be a practical culminating session in which the student maintains a full-time agency workload in Community Health Education. It is meant to be a time of service and innovation to the agency, as well as a significant learning opportunity. Within the professional structured environment of an approved Community Health agency and under the supervision of a professional practitioner (Preceptor), a Preceptee is allowed the opportunity to make the adjustment from the academic surroundings to the professional work world.

DEFINITIONS

Following are key definitions related to the Community Health Preceptorship.

Preceptorship - A required, senior level experience at an approved agency for students in Community Health Education. The experience is a one-semester, 15 credit opportunity conducted after all required classroom credits are successfully completed.

Preceptor - The staff member at an approved agency who serves as mentor and guide for the student during the Preceptorship.

Preceptee - The Community Health Education student enrolled in the Preceptorship.

Agency - An organization which provides community health education activities and opportunities to the Preceptee and has been approved by the Community Health Education faculty at the University of Wisconsin - La Crosse. Such organizations may include: city/county/state health departments, voluntary organizations, medical settings, business and industry employee health programs, or numerous other sites offering community health activities.

Preceptorship Advisor - The Community Health Education faculty member assigned to communicate and work with the Preceptor as well as to advise and evaluate the Preceptee.

Preceptorship Coordinator - A Community Health Education faculty who serves as liaison between the university and Preceptorship agencies and who assists students and faculty in matters related to Preceptorships.

PRECEPTORSHIP OBJECTIVES

The major objective of the Preceptorship is to enable the student:

1. to apply realistically the knowledge and skills attained in the campus setting to specific practical community health education issues in the agency setting,
2. resulting in practical service to the agency, and
3. better student preparation for future employment and/or advanced education.

APPROVED SITES

A list of approved sites, contact persons, and telephone numbers can be found in Appendix A. New sites may have been approved since the printing of this document, so check with the Preceptorship Coordinator for the most up-to-date list. Sites that have been approved do not always have openings for preceptees. This is something that should be given further attention. Final reports from previous preceptees are available for your review in the filing cabinets of Mitchell Hall 204. You may also want to look at the Preceptorship Coordinator's files for additional site-related information.

AGENCY APPROVAL

The selection of a Preceptorship site is an important decision for the Community Health Education student. The future professional career may be significantly influenced by this choice. Therefore, the Preceptorship Sites must be selected carefully to insure a high quality learning experience for the student.

The experiences at a site may include (but not be limited to) health activities and/or community education processes. Health activities may include: technical services, clinical services, community-social services, or research activities. Community education processes may include: program development, community organization, public relations, resource and referral, and/or publicity for ongoing programs. The agency should offer, or be willing to incorporate some facet(s) of each of each of the two major components.

The following questions will serve as a general guide to the agency seeking to become approved by the Community Health Education faculty as a Preceptorship site.

New Site Approval Procedures

Many of our majors approach their preceptorship with energy and enthusiasm. Although we would love to approve all of the sites that our majors come across, the process for each site approval is exceptionally time and resource consuming.

All of our majors should review the sites that have already been approved to determine if any of the sites will meet their interests and professional needs. If existing sites seem that they will not meet an individual major's needs, it is the major's responsibility to search for a better suited site.

During the search for a more appropriate site, there are some steps that individual major's need to take to make the process run as smoothly as possible:

1. Compile a list of the agencies you have interest in.
 - Keep a running list until you feel that you have exhausted your search for suitable sites.
2. Look at the mission statement of each organization.
3. Evaluate your professional preparation needs (CHES responsibilities).
4. Determine which specific area or department in each organization you would be interested in working with.
5. Assess whether or not you feel like your professional preparation needs may be met with each organization.
6. Select 3 sites that meet the site considerations under the agency approval section of your CHE 498 manual (for new sites).
7. Rank the 3 sites in order of importance.
8. Gather contact information of individuals in the specific areas you are interested in for the 3 sites you have focused on.
9. Determine if any individuals within the agency have a community health education or similar background.
10. Email the Preceptorship Coordinator the 3 sites' (ranked) mission statements and the contact information noted above (including the specific area or department you would be interested in).

Dates for New Site Approval

New site approvals must be initiated by the beginning of:

- March (for Spring preceptees)
- November (for Fall preceptees)

Site Approval

An agency interested in becoming a Preceptorship Site for the Health Education Department at the University of Wisconsin - La Crosse should be aware of the following steps.

1. An Agency Description Form (Appendix B) is to be completed by an agency representative.
2. Agency information is reviewed by the Community Health Education Faculty for approval.
3. An agreement form is signed by representatives of the agency and the University.

Site Considerations

Before selecting a Preceptorship Site, there are many considerations that future Preceptees must make. Considerations related to geographical location, Community Health Education activities, and work environment are presented below:

1. Is the site located in a suitable location?
2. Is it realistic to make an on-site visitation to this site?
3. Is it realistic to make an on-site visitation should the need arise?
4. Are there opportunities for Preceptees to become actively involved in community health activities?
5. Does the site provide a variety of community health activities?
6. Does the site provide a safe work environment for Preceptee and employees?
7. Does the mission of this site parallel the goals of the UW-L Preceptorship?

Preceptor Considerations

1. Does the Preceptor have the educational background appropriate to supervise Community Health activities?
2. Does the Preceptor have a positive work history at this site?
3. Does the Preceptor have work experience in Community Health Education?
4. Does the Preceptor have work experience in other related areas?
5. Does the Preceptor have experience in a supervisory role?
6. What other skills does the Preceptor have that may be of benefit to the Preceptee?
7. Does the Preceptor have the personal skills that would enable him/her to serve as positive role model?
8. Has the Preceptor read, understood, and agreed to the UW-L Agreement Form?
9. Does the Preceptor understand and agree to follow the guidelines as presented in the Preceptorship syllabus?

PRECEPTEE REQUIREMENTS FOR PRECEPTORSHIP

Students are advised to become familiar with the requirements for enrolling in CHE 498 early in their university experience. Students must meet certain requirements including minimum cumulative grade point average (CGPA), minimum major grade point average (MGPA), minimum credit hours, and listed required classes. Specific requirements include:

1. 2.75 minimum CGPA (effective with the 1993-95 catalog)
2. 2.75 minimum MGPA (effective with the 1993-95 catalog)
3. successful completion of all required coursework (see Appendix C)
4. completion of Form 1 (see Appendix D)
5. advisor's recommendations (completion of a Form 2 found in Appendix E)

STUDENT PROCESS FOR PRECEPTORSHIP SITE SELECTION

This will be perhaps the first attempt by most students to search for and select a professional position. The Health Education Department believes it is the student's responsibility (with the

guidance and input of Community Health Education faculty) to investigate, select, interview and finalize a position at an approved Community Health agency. The faculty members will be available for advising on specific agencies and must accompany the student for the on-site interview. However, it is the ultimate decision of the student as to where he/she will complete the Preceptorship.

Procedures

1. At least one year in advance, the student will identify approved agencies and select agencies that most reflect the student's goals and objectives. This may be accomplished through any or all of the following:
 - a. Attend the Preceptorship Sharing Session at the end of each semester
 - b. Dialogue with Community Health Education faculty designated to be "experts" about specific sites of interest
 - c. Review Final Reports available within the Community Health Education Preceptorship files
 - d. Review the Preceptorship Site Selection Guide available through the Preceptorship Coordinator
 - e. Be aware of the posted list of available, approved sites for specific semesters
2. At least one year in advance, complete a Form 1 with the Academic Advisor. Form 1 is signed by the college advisor and the Academic Advisor (Appendix D).
3. The semester prior to the Preceptorship, meet with assigned Preceptorship Advisor to arrange a time for an on-site interview. Develop a current resume for distribution at the in-site interview. This interview is important since it provides students with an opportunity to view the facilities, programs and community and to meet the professionals with whom the students will be working during the Preceptorship.
4. Students will discuss the type of experiences for which they are looking with the Preceptor. Together, the Preceptor and the potential Preceptee will decide whether an appropriate match is indicated.
5. If, at anytime after the student has turned in Form 1, the student changes his/her mind about their placement site, a Form 1B (Appendix F) must be completed and turned in to the Preceptorship Coordinator unless the back up site chosen is listed on the original Form 1.
6. Complete a Summer Preceptorship Application (Appendix G) and submit to the Preceptorship Coordinator if you are planning to participate in your Preceptorship during the summer.
7. Upon mutual approval, the student will develop a Proposal of Involvement (Appendix H) to be approved by the Preceptorship Advisor prior to submission to the agency.

8. The Preceptorship Coordinator will make certain necessary Agreement Forms are on file for that agency so the Preceptee may begin the experience on time.
9. Students are required to attend a Preceptee Orientation Session held the semester prior to the Preceptorship.
10. The student then begins the Preceptorship and follows the agency's schedule for holidays and hours. Continual communication with the university via the Preceptorship Advisor is essential.

RESPONSIBILITIES

The Preceptorship involves responsibilities for three parties to include University of Wisconsin - La Crosse Community Health faculty, Preceptor, and Preceptee. It is essential for these three to interact in a cooperative manner to achieve their common and individual objectives. The Preceptorship is intended to provide a meaningful and rewarding experience for all involved. If all parties are knowledgeable of the roles and responsibilities of each, the positive aspects of the experience will be enhanced.

Faculty Advisor

1. Serve as a resource person for both the Preceptee and agency.
2. Consult with the Preceptor about the nature of the learning experiences the Preceptee should receive.
3. Consult with the Preceptee via telephone, feedback on Interim Reports, on-site evaluation visit, and through other necessary correspondence.
4. Observe the Preceptee at the agency at least once per semester or as requested by the Preceptee or Preceptor.
5. Receive and evaluate reports, review agency evaluations, and compute final grades for assigned students.

Preceptorship Coordinator

The Preceptorship Coordinator is a Community Health faculty member with the following responsibilities:

1. Conduct an orientation session for potential Preceptees the semester prior to the Preceptorship.
2. Act as liaison between the agency and the university in the establishment of Preceptorship sites.
3. Upon approval of Preceptorship sites, assure that University Agreement Forms are signed and filed if requested by site. Sample form is in Appendix I.
4. Communicate with Preceptees regarding deadlines during the semester of the Preceptorship.
5. Communicate with the College Administrative Assistant regarding student progress and deficiencies throughout the student's professional preparation.
6. Plan and conduct a Preceptorship Sharing Session for returning Preceptees each semester.

Agency Responsibilities

1. Assign a staff member to serve as Preceptor.
2. Provide initial orientation to Preceptee covering the agency's purposes, policies, programs, facilities, and administration.
3. Define to the Preceptee his/her role and responsibilities and what the agency expects.
4. Provide the Preceptee with appropriate workspace.
5. Inform the University Supervisor immediately of any problems concerning a student's performance.

6. Complete the Supervisor's Evaluation Form supplied by the university. A sample form is in Appendix J.

Preceptee Responsibilities

1. Become familiar with, accept, and adhere to the policies and regulations governing the agency.
2. Act in a professional and ethical manner as a member of the agency.
3. Inform the Preceptor as quickly as possible when he/she is unable to report for work due to illness or emergency.
4. Consult the Preceptor and University Supervisor when confronted with problems.
5. Follow instruction in assignments as presented in the CHE 498 course syllabus. A complete course syllabus may be found in Appendix K.

EVALUATION

Effective, constructive and continuous evaluation can assist a Preceptee in refining skills and building a positive attitude for the profession before full-time employment begins. Within the framework of honesty and compassion, the evaluation process might best be viewed as a learning, feedback, and growth opportunity to prepare for a first professional position.

There will be one written evaluation of the Preceptee by the Preceptor. The form to be completed by the Preceptor will be supplied by the Health Education Department (please refer to Appendix J).

Evaluation criteria contributing to the Precept's final grade include:

Preliminary Process (Orientation Session, Interview, Proposal of Involvement

2 Interim Reports

Final Written Report

Site Visit Evaluation

Supervisor's Written Evaluation

Final Dialogue Session

Preceptorship Sharing Session (see Appendix L for outline)

Point values attached to each of the above activities and further explanation of Preceptee evaluation procedures may be found within the CHE 498 course syllabus (please refer to Appendix K).

Appendix A

Approved Community Health Education Preceptorship Sites

This list provides an example of the types of sites that are possible.

**Community Health Education
Preceptorship Sites
Last Updated 9/05**

**Hospital, Clinic, or
Health Care**

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[ndex.shtml](#)

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Dan Abraham Healthy Living Center
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Rochester, MN 55905
Phone: (507) 255-3771
www.mayoclinic.org/intern-dahlc-rst/index.html

Lynn Jaffee
Melpomene Institute
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Minneapolis, MN
612-378-1572
www.melpomene.org/outreach/internships.asp
Email: Rachel@melpomene.org

Mercy Health System
P.O. Box 5003
1000 Mineral Point Ave.
Janesville, WI 53547-5003
608-756-6446
www.mercyhealthsystem.org/
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www.meriter.com/

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Health Education
Park Nicollet Clinic
3800 Park Nicollet Blvd.
St. Louis Park, MN 55416
952-993-3454
www.parknicollet.com/clinic/Claases/

HealthSource
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www.healthsource.org/worksiteservices/consultation_intro.htm

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715-421-7500
www.rhahealthcare.org/Departments/health%20classes.htm

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<http://www.plaintalk.org>

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www.vmh.org/PAGES/HEART%20CTR%20PAGES/HEARTCENTER.html
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Kristin Lembeck
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8100 34th Ave. S.
PO Box 1309
Minneapolis, MN 55440-1309
952-887-6600
952-883-6000
www.HealthPartners.com
(952) 883-7800 or 1-800-311-1052

Lucy Gilles-Khouri, HIA, CHES
Dean West Clinic
Dean/St. Mary's Health Works
752 No. High Point Rd.
Madison, WI 53717
608-824-4407
Fax: 608-824-4411
Email: lucy.gilles-khouri@deancare.com

Heidi Pietenpol
Internship Supervisor
GE Medical Systems Fitness Center
PO Box 414
Milwaukee, WI 53201
262-544-3547
Email: Heidi.weber@med.ge.com

Deb Lundberg
Health Solutions
414 South Front St., Suite B
Mankato, MN 56001
507-625-7462

Patricia Sharkey
Health Promotion Coordinator
Honeywell, Inc.
Honeywell Plaza, MN 12-1188
PO Box 524
Minneapolis, MN 55440-0524
612-951-0534

Louanne Biddick, APNP
Lead Person in Clinical Services
Corporate Health
Integnet/Agnesian Health Care, Inc.
Fond du Lac, WI 54936
920-924-2602
www.agnesian.com/integnet.html
Email: biddick@agnesian.com

Sue Ann Jude
Health Education Specialist
Land's End Comer Activity Center
3 Lands End Lane
Dodgeville, WI 53595
608-935-4394
www.landsend.com/jobs/internships/current_openings.html
Email: sarah.crawford@landsend.com

Alison McAfee
Premier Employee Services
Motorola Semiconductor Prod. Sector
2200 W. Broadway Rd. MD:M375
Mesa, AZ 85202
480-655-5830
Fax: 480-655-3837

Ali McAleer
Motorola Wellness and Work Life
2100 E. Elliot Road., MD EL 533
Tempe, AZ 85284
480.413.8651
480.413.6628 fax
Email: a.mcaleer@motorola.com

Megan Ryan
Wellness Coordinator
ProFitness Health solutions, We Energies
231 W. Michigan St.
Health Enhancement Initiative,
A138,

Milwaukee, WI 53290-0001
 414.221.3173
 414.221.4266 fax
 Email: megan.ryan@we-energies.com
 Deb Kloc
 Wellness Program
Rockwell Automation/ Allen Brady
 1201 South Second St.
 Milwaukee, WI 53204
 414-382-2000

Donald Zeigler, Director
 Good Health Program
Rush North Shore Medical Center
 9600 Grosspoint Rd.
 Skokie, IL 60076
 708-933-6699

Deb Wolf
 Salud
Sandia National Labs
 PO Box 5800
 Albuquerque, NM 87185-11102
 505-845-8692

Jim Nord or Chana Emanuel
SC/Johnson Wax
 MS 434
 1525 Howe St
 Racine, WI 53403
 262-260-3902 (Jim)
 262-260-4866 (Chana)
 Email: jmnord@scj.com,
caemanue@scj.com

Dr. Ronald Cook, Manager
 Health Education and Physical
 Fitness
Sentry Insurance
 1800 North Point Dr.
 Stevens Point, WI 54481

Bill Tamasi, Manager
 Human Growth
Townsend Engineering Company
 PO Box 1433
 Des Moines, IA 50305
 515-265-8181
 Email: btamasi@teconet.com

Charlie Estey
**UAW-General motors Lifesteps
 Center (Health Solutions, Inc.)**
 G-3490 Miller Road, Suite 9
 Flint, MI 48507

Dawn Ascalow
United Behavioral Services
 14 Tri-Park Way
 Appleton, WI 54914
 920-749-2395

Renaë Sieling
 Health Educator
WEA Insurance Group
 45 Nob Hill Rd. Madison, WI 53713
 1-800-279-4000 x 6649

WPS
 PO Box 8190
 Madison, WI 53708-8190
 608-221-7121

Voluntary Health Agencies

Tori Stuart
Community Program Specialist
American Cancer Society, Area 5
2427 North Hillcrest Parkway
Altoona, WI 54720
715-832-0181

Desiree Witter
Worksite Wellness Specialist
American Cancer Society
820 West College Avenue
Appleton, WI 54914
414-793-1201

Beth Stevens
American Cancer Society
Cancer Control
1599 Clifton Road, NE
Atlanta, GA 30329-4251
404-329-7611

Lauren DeRocher
Health Systems Intern, Northeast
Region
American Cancer Society
3311 South Packerland Drive,
Suite A
DePere, WI 54115
920-338-1541
Email: Lauren.Derocher@cancer.org

Melissa Keebler
American Cancer Society
1 Point Place
Madison, WI 53719
608-833-4555

John Klika, District Director
American Cancer Society
Southeast Wisconsin District
11401 W. Watertown Plank Rd
Box 265655
Milwaukee, WI 53226
414-453-4500
Fax: 414-453-1979

Kris Hyer
American Cancer Society, Area 5
1285 Ruby Street
Onalaska, WI 54650
608-783-5000

Carrie Sullivan, Director
Wisconsin Smokeless States
Project
Midwest Division, Inc. WI Council
American Cancer Society
N19 W24350 Riverwood Dr.
Pewaukee, WI 53072-0902

Laurel Petralia, Health Care
Manager
American Heart Association
1280 So. Parker Rd
Denver, CO 80231
800-242-8721
Fax: 303-369-8087
Email: ahacw@orci.com

Debbie Eddy
Corporate Events Director
**American Heart Association,
Greater Midwest Affiliate**
Home Office/Fax: 507-356-2805
E-mail: debbie.eddy@heart.org
<http://www.americanheart.org/>

Jacki Burchert
Worksite Programs Director
**American Heart Association,
Minnesota Affiliate**
4701 West 77th St.
Minneapolis, MN 55435
612-897-8334

Susan Alotrico
Volunteer Program Manager
American Lung Assn of Washington
2625 3rd Ave.
Seattle, WA 98121
800-732-9339 or 206-441-5100
Fax: 206-441-3277

Jeremy Otte, Program Specialist
American Lung Assn of Wisconsin
150 S. Sunny Slope Rd.
Suite 105
Brookfield, WI 53005-4857
262-782-7833

Sandra Van Able
Director of Health and Safety
American Red Cross
211 No. Parker Dr.
Janesville, WI

608-754-8119

Heather Dutcher
Community Volunteer Director
American Red Cross
2927 Losey Blvd S
La Crosse, WI 54601
608-788-1000
Email: hdutcher@charter.net

Marge Sutinen
American Red Cross
Badger Chapter
Community Health Education
4860 Sheboygan Ave., Box 5905
Madison, WI 53705-0905
608-233-9300

American Red Cross
2116 Campus Dr.
Rochester, MN 55904
507-287-2200

Kathy Gross
Asst. Director of Community
Services
American Red Cross of St. Paul
176 South Robert St.
St. Paul, MN 55107
612-291-6789

Tammy Triplett and Erin Smith
March of Dimes, Milwaukee
1126 S 70th St. Suite S221A
West Allis, WI 53214
414.778.3500
Fax: 414.778.3503
<http://www.marchofdimes.com/wisconsin/>
Email: ttripllett@marchofdimes.com;
esmith@marchofdimes.com

Miscellaneous Sites

Carol Jambor-Smith, PhD
Executive Director
AIDS Care Network
221 Longwood St, Suite 105
Rockford, IL 61107

Kristine Buchholz, MPH, CHES
Prevention Specialist
AIDS Resource Center of Wisconsin
1707 Main
La Crosse, WI 54601
608.785.9866
Email: Kristine.Buchholz@arcw.org

AIDS Resource Center of Wisconsin
120 North Morrison St. Suite 120
Appleton, WI 54911
800-773-2086

Molly Herrington
AIDS Resource Center of Wisconsin
Milwaukee AIDS Project
PO Box 92487
Milwaukee, WI 53202-0487
414-273-1991
www.arcw.org

Stephanie Kocaja
Bellin Fitness Center
215 No. Webster Ave.
Green Bay, WI 543401
920-431-5502

Lynn K. Harron, RN, NHA
Bethel Home
225 North Eagle St.
Oshkosh, WI 54901-4196
920-235-4653

Tina Kinnel
Health Educator
Children's Health Education Center
1533 Rivercenter Dr.
Milwaukee, WI 55212
414-390-2171

Barbara Wehman
CESA-11
225 Osterman Dr.
Turtle Lake, WI 54889
715-986-2020

Leslie Hargrove
Executive Director
Coastal Area Health Education Center
808 Bayou, PO Box 2
La Marque, TX 77568
409.933.0021
Fax: 409.933.3107
<http://www.coastalahec.org/>
Email: lhargrove@cahectx.org

Connie Olson
Community Action for Tobacco Free Living
1820 Appleton Rd.
Menasha, WI 54952

Kathy Gunderson or Mary Hoeft-Leithold
Nutrition Educators
Wisconsin Nutrition Education Program
Cooperative Extension
300 4th St. North, Room 2035
La Crosse, WI 54601-3299
608-785-5752
Email: gunderson.kathy@co.la-crosse.wi.us
hoeft-leithold.mary@co.la-crosse.wi.us
Website:
<http://www.uwex.edu/ces/cty/lacro/sse/wnep/index.html>

Pat Ruda
Coulee Council on Addictions
921 West Ave.
La Crosse, WI 54601
608-784-4177
pruda@charter.net
Email: pruda@charter.net

Kathy Ames-Sherry
Prevention Specialist I
Couleecap
212 Airport Plaza
Viroqua WI 54665
Phone: 608.637-6828
Fax: 608-637-7499
www.couleecap.org/dfcsp.php
Email: kathya@couleecap.org

Kim Cable
 Assistant Director, Community &
 Family Development Department
Couleecap
 201 Melby St.
 Westby, WI 54667
 Phone: 608-634-7377
 Fax: 608-634-3134
 E-mail: kimc@couleecap.org

Margaret Kelm
Eyebank of Wisconsin, Inc.
 2302 International Lane, Suite
 200
 Madison, WI 53704
 608-233-2354
 Fax: 608-233-2896

Jenny Root
 Line Supervisor
 Information and Referral Center
Great Rivers 211
 PO Box 426
 Onalaska, WI 54650-0426
 608-775-6337
 Email: jgroot@gundluth.org

Pam DeShaw
 Director
**Family Opportunities for Living
 Collaboration (FOLC)**
 1806 riverside Ave, Suite 3
 Minneapolis, MN 55454
 612-747-2046
 Email: folks@folcmn.org
 Website: <http://www.folcmn.org>

Christine Brown
**Franciscan Elder Care
 Franciscan Skemp Healthcare**
 615 South 10th St.
 La Crosse, WI 54601
 608-791-9700
 Email: brown.christinel@mayo.edu

Jamie Yuenger
 Program Director
**Gay Alliance of La Crosse Area
 youth of the Coulee Region's YWCA
 (GALAXY)**
 3219 Commerce St
 La Crosse, WI 54603
 608-781-2783 ext. 3
 Email: jyuenger@ywxalax.org

Website:
<http://www.ywcalax/galaxy>

Becky Putnam
 General Manager
**Healthy Inspirations Healthy
 Weight Loss**
 209 Sandlake Rd
 Onalaska, WI
 608-781-1016
 Email: repeccap@laxonafit.com

Lynda Narish Johnson, Director
Hogan Administrative Center
 807 East Ave. South
 La Crosse, WI 54601

Michael H. Jang, Director
Institute of Scientific Analysis
 390 4th St., 1st floor
 San Francisco, CA 94107
 415-777-2352
 Fax: 415-563-9940

Gary Bersell
Janesville Schools/Public Health
 527 South Franklin
 Janesville, WI 53545
 608-743-5100

Jeff Gloyd
 Special Waste Manager
**La Crosse County Solid Waste
 Dept.**
 6500 State Road 16
 Onalaska, WI 54601
 608-785-9572
 Email: gloyd.jeff@co.la-crosse.wi.us

Alan "Corky" Abraham, Vice
 President
Lutheran Homes of Oshkosh
 220 North Westfield St.
 Oshkosh, WI 54901-4173
 920-235-2137
 Fax: 920-235-4635

Sue or Brian Theiler
 Teen Health Services
Lutheran Hospital
 1910 South Avenue
 La Crosse, WI 54601
 800-362-9567, 782-7300 x 3600
 Fax: 608-785-2181

Donna Schoenfeld, Director
 Health Education and Promotion,
 Student Health Services
Marquette University
 707 N 11th St.
 Milwaukee, WI 53233
 414-288-5217
 Fax: 414-288-0234

Susie Street
 Director of Community Services
**Mental Health Association of
 Colorado**
 6795 E. Tennessee Ave, Suite 425
 Denver, CO 80224
 1-800-456-3249 xt. 25
 Email: street@mhacolorado.org

Geoffrey Bishop
**Nature's Classroom Institute of
 Wisconsin**
 P.O. Box 660
 Mukwonago, WI 553149
 (800) 574-7881
www.nciw.org/NCI.htm
 Email: geoffrey@nciw.org

Sharon Radford
 Volunteer/Intern Coordinator
**New Horizons Shelter and Women's
 Center**
 PO Box 2031
 La Crosse, WI 54602-2031
 608-791-2607
 888-231-0066
 Fax: 608-791-2619

Eric Krawczyk,
 Director Community Health
 Services
Oneida Community Health Center
 PO Box 365
 Oneida, WI 54155
 Oneida, WI 54155
 920-869-4812
 Email: ekrawczyk@oneidanation.org

Sue Mormann, Director
 Jan Cogbill & Karolee Behringer
 Community Educators
Options Reproductive Care
 1201 Caledonia St.
 La Crosse, WI 54603
 608-775-8390
 Email: commed.options@charter.net

Rebecca E. Fox
 State Policy Coordinator
SIECUS
 1706 R St NW
 Washington, DC 20009
 202.265-2405
 Email: rfox@siecusdc.org
www.siecus.org

Elaine Auld, MPH, CHES
SOPHE
 750 1st St. NE, Suite 910
 Washington, DC 20002
 202-408-9804

Rick Koca
 Founder, CEO
Stand Up for Kids
 1510 Front St, Suite 100
 San Diego, CA 92101
 1-800-365-4KID
 Email: rickk@standupforkids.org

Amy
 Consumer Affairs Officer
US Food and Drug Administration
 240 Hennepin Ave.
 Minneapolis, MN 55409
 612-334-4100, x

Patricia Schultz
**Virginia League for Planned
 Parenthood**
 Health Education Dept.
 3312 Cutshaw Ave., Suite 26
 Richmond, VA 23230
 804-355-4358

Mary Heisterkamp
 Wellness Director
Wesley Acres Retirement Services
 3520 Grand Avenue
 Des Moines, Iowa 50312
 515.271.6596
 Email:
mheisterkamp@wesleyservices.org
www.wesleyservices.org/asp/communities/wesley_acres.aspx

Manager

**Western Wisconsin Technical
College Wellness Center**

304 N. 6th St.
La Crosse, WI 54602-0908
608.785.9443
Fax: 608.789.9443
Email: freitl@wwtc.edu

**Wisconsin Coulee Region Community
Action Program, Inc.**

205 S. 5th St., Suite 226
La Crosse, WI 54601
608-796-9067
Fax: 608-782-4822
www.couleecap.org/

Robert Stedman

Dean of the Service and Health
Division

Waukesha County Technical College

800 main St
Pewaukee, WI 53072
262-691-5367
Email: rstedman@wctc.edu

Women's Health America

Restore Clinical Services
Madison Pharmacy Associates, Inc.
1289 Deming Way
Madison, WI 53717
Phone: 800-558-7046
Fax: 888-898-7412
www.womenshealth.com/about.html
Email: wha@womenshealth.com

John Brenner

Health and Promotion

YMCA, La Crosse

1140 Main St
La Crosse, WI 54601
608-782-9622
Email: Thewave@laxymca.org

Brian Kreuger, Associate
Executive Director

Woodson YMCA

707 Third Street
Wausau, WI 54403
715.845.2177 phone
715.848.8705 fax
Email: bkymca@yahoo.com

International Sites

Michael Kennedy, Director
Humane Society International
PO Box 302
Avalon, NSW 2107
Australia
61-02-997-2107
Fax: 61-02-997-21729

**Karingal, Inc for Persons with
Intellectual Disability**
Cnr McKillop & McIntyre Streets
East Geelong Victoria 3219
052-22-3488

Trevor Shilton
Health Promotion Director
National Heart Foundation
PO Box 1133
Subiaco, Western Australia 6904
61-09-388-3343
Fax: 61-09-388-3383

Dianne Woods
Executive Officer
Nutrition Australia, NSW
c/~ESRC University of Wollongong
NSW, Post Code 2522
02-42215346
www.nutritionaustralia.org/About_Us/Offices/nsw.asp
Email: nswnaeo@optusnet.com.au

Elaine Jones
NWG Health
Iechy Morgan
41 High St.
Swansea, SA1 1LT
Wales

Cecily Palmer, MD, MPH
Department of Health Promotion
Clinical Sciences Institute
University of College Galway
Galway, Ireland
091-24411, x 3092
Fax: 091-22514

Appendix B
Agency Description Form

AGENCY DESCRIPTION

Please complete the Agency Description form and return to:

Robert Jecklin, M.P.H., Ph.D.
Preceptorship Coordinator
Health Education Department
University of Wisconsin - La Crosse
209 Mitchell Hall
La Crosse, WI 54601

Please describe the type and size of your agency. (Example: types of services/products, number of employees, facility size.)

Please briefly describe the types of Community Health responsibilities the Preceptee would be assigned.

What prior skills and/or qualifications would you like to see in a Preceptee coming to your agency?

SUPPLEMENTARY INFORMATION

1. *Is there any financial support for Preceptees during the Preceptorship?*

- _____ no financial support
- _____ salary (amount _____)
- _____ hourly wage (amount _____)
- _____ stipend (amount _____)

Comments: _____

2. *Can you assist in locating housing for Preceptees?*

- _____ yes _____ no

Comments: _____

3. *Are any other services or benefits available to the Preceptee? (Check all that apply.)*

- _____ transportation
- _____ parking
- _____ medical insurance
- _____ liability insurance
- _____ worker's compensation
- _____ other (specify) _____

Comments:

4. *Please add any other information that you think may be helpful to us in the approval process for your agency.*

5. Please include an annual report on your agency (or additional agency background material) along with this application

6. *Also include a resume (preferred) or detailed qualifications list of the staff member who will serve as the Preceptor and/or immediate supervisor.*

Any additional comments?

Appendix C

Community Health Education
Major Requirements

Name _____
 Date _____

I. Freshman/Sophomore Years

A. General Education Requirements (51 total minimum)

B. Interdisciplinary Requirements (24 credits—part of the above 51 credits)

Credits	Course #	Course Title	Prerequisites
3	HPR 105	Creating a Healthy, Active Lifestyle	
4	BIO 103/105	Introductory/General Biology	
4	CHM 100/103	Contemporary Chemistry/General CHM	
4	MTH 145	Elementary Statistics	
3	ESS 205	Human Anatomy (or Bio 312)	BIO 103/105
3	ESS 206	Human Physiology (or Bio 313)	BIO 103/105
3	CST 365	Communication in Teams	CST 110 or equivalent

II. AFTER A DECLARATION OF COMMUNITY HEALTH EDUCATION MAJOR

Major Requirements (68 credits):

A. CORE COURSE SEQUENCES (20 credits):

FALL I

Credits	Course #	Course Title	Prerequisites
3	HED 205 (F/S)	Introduction to Health	HPR 105
3	CHE 240	Community Health Education Foundations	HPR 105

SPRING I

Credits	Course #	Course Title	Prerequisites
3	CHE 340	Epidemiology & Community Health Problems	HED 205, CHE 240; CHM 103; BIO 103/105
3	CHE 350	Biometry and Research Design	HED 205, CHE 240, MTH 145

FALL II

Credits	Course #	Course Title	Prerequisites
3	CHE 440	Program Development in CHE	HED 205, CHE 240, 340, 350
3	CHE 441	Human Disease Prevention & Control	HED 205, CHE 240, 340, 350 ESS 205, 206
2	CHE 491(F/SP)	Senior Seminar in CHE	Final Semester on Campus, b/4 CHE 498

B. CONTENT COURSES (30 credits)

Offered Fall Only

3	HED 335 (F)	Human Ecology & Environmental Health	BIO 103/105; CHM 103
3	HED 345 (F)	Mental and Emotional Health	
3	HED 425 (F)	Violence and Injury Prevention	
3	HED 437 (F)	Theories of Health Behavior	HED 205, CHE 240
3	HED 477 (F)	Grantseeking in Health, Human Services, and Education Professions	HED 205, CHE 240, 340, 350

Offered Spring Only

3	HED 320 (SP)	The U.S. Health Care System	
3	HED 469 (SP)	Drugs, Society, and Human Behavior	
3	HED 472 (SP)	Sexual Health Promotion	
3	HED 473 (SP)	Health Aspects of Aging	
3	HED 474 (SP)	Nutrition Education	

C. Electives (6 credits total from HED, CHE, SHE, or Advisor Approved Courses Outside the Department)

3	HED 412 (SP)	Women's Health Issues	
3	Elective		

D. FINAL SEMESTER-Fall or Spring (15 credits)

15	CHE 498	Preceptorship**	**2.75 MGPA & CGPA,; Apply for and receive recommendation from HED faculty, Successful Completion of ALL CHE/HED Requirements IA & B; II A-C
----	---------	-----------------	--

TOTAL HEHP CREDITS: 20 (CHE core) + 30 (HEHP content) + 15 (CHE Preceptorship) + 6 (elective) = 71 credits

TOTAL GEN ED/INTERDISCIPLINARY CREDITS: 51 credits minimum

Appendix D
Preceptorship Request Form
FORM I

TOTAL POSSIBLE = 100 points

DUE: _____

**FORM 1 - COMMUNITY HEALTH EDUCATION PRECEPTORSHIP
SITE REQUEST FORM**

Name: _____ Advisor: _____

Address: _____

Preferred E-mail: _____ Campus Phone: _____

Permanent Home Phone: _____

Major: _____ Minor: _____

Semester of Requested Preceptorship: () Fall () Spring () Summer Year: 20_____

BACKGROUND AND RATIONALE STATEMENTS:

Directions: Type the following information on a separate sheet. (Attach this form)

1. What are your **professional goals**?
2. Which **health educator responsibilities/competencies** do you want to address during your preceptorship experience?
3. Please state the **health issues, special settings and type(s) of population(s)** with which you want to work during your Preceptorship experience?
4. Name the **three specific sites**, in order of importance (1 = highest priority), that you would prefer for your Preceptorship experience. How would these organizations help you to meet your goals? (i.e., Provide a rationale for their selection)
5. Do you have any **personal connection/ties to the agencies** that you are requesting? If yes, explain.
6. For those requesting a *Summer Preceptorship* experience, state **why you are requesting the Summer**, rather than a regular semester.

NOTE: You are required to obtain a graduation Check-out Summary (i.e., credit check) from the Assistant to the Dean, Room 124 Mitchell Hall, and attach it to this form. Check here [] Credit check attached

Approval:

Academic Advisor's Signature

Date

UG Preceptorship Coordinator's Signature

Date

ADVISOR'S NOTES/COMMENTS: (Use back of the form for additional comments)

11/2006

Appendix E

Application for Admission to Community Health Education
Preceptorship

FORM II

Community Health Education Major: Computation of Major GPA

1. Number of grade points per credit: A=4, AB=3.5, B=3, BC=2.5
C=2, D=1, F=0
2. To compute the grade point average in the major: For each course, multiply the number of credits times the grade points and place total and place total in "Grade Points" column. Then divide the total grade points by the total credits.
3. Only grades earned at UW-L are figured in the grade point average.
4. The following courses ** should be used:

		<u>Credits</u>	<u>Grade</u>	<u>Grade Points</u>
HPR 105	Health & Physical Well Being	3		
HED 205	Intro. To Health & Wellness Ed.	3		
CHE 240	Community Health Ed. Foundations	3		
HED 474	Nutrition Education	3		
HED 469	Drugs, Society, & Human Behavior	3		
HED 335	Human Ecology & Environmental Health	2		
CHE 340	Epidemiology & Comm. Health Problems	3		
CHE 350	Biometry & Research Design	3		
HED 437	Theories of Health Behavior	3		
HED 472	Sexual Health Promotion	3		
CHE 440	Prog. Development in Community HE	3		
CHE 441	Human Disease Prevention & Control	3		
HED 473	Health Aspects of Aging	3		
CHE 491	Senior Seminar in Community Health Ed.	2		

**Replace or add courses that are consistent with the year of the catalogue being used for your degree.

Electives (6 credits)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

$$\frac{\text{TOTAL GRADE POINTS}}{\text{TOTAL CREDITS}} = \text{MAJOR GRADE POINT AVERAGE}$$

TOTALS: Credits _____ Points

Appendix F

**Community Health Education
Preceptorship Site Change Request**

Form IB

Discuss this with your advisor.

Appendix G

Summer Preceptorship Application

**SUMMER PRECEPTORSHIP
APPLICATION PROCESS**

Please provide the following information:

Name

Address

Phone Number

Email

Academic Advisor

List the courses you are currently enrolled in.

List the courses you will take the Spring Semester before your preceptorship.

Identify your potential Preceptorship site.

Please attach a detailed rationale/reason(s) for your request to participate in the Preceptorship during the summer. Make sure you provide all the specifics regarding your request, keeping in mind that a maximum of eight students will be enrolled. Be certain to provide corroborating evidence (e.g., graduate school correspondence).

Appendix H

Proposal of Involvement Worksheet

FORM III

Form III

PROPOSAL OF INVOLVEMENT (200 PTS.)***I. Introduction***

Description of site

Rationale for site selection

Aspects and activities of the site that are of interest

II. Projected Involvement

Goals (broad directions)

Objectives (more specific outcomes in alignment with the Seven Responsibilities for Entry-Level Health Educators or populations or content; e.g., By the end of the Preceptorship experience, I will....)

Procedures (activities to accomplish the objectives)

Note: Use the Seven Responsibilities where appropriate; consider your strengths and weaknesses so that you can arrange for a Preceptorship experience which will truly be of value to you; have at least one objective related to program and/or project evaluation.

III. Evaluation of Your Progress

How will you assess your overall progress and the accomplishment of your objectives? (i.e., how would you prefer to review your progress with your Preceptor during the time you are at your Preceptorship site?; for example, weekly update sessions with a final opportunity to review your Supervisor's Evaluation Form with you Preceptor).

IV. Special Considerations

Note: Your Preceptorship Faculty Advisor will discuss with you the recommended process for developing your Proposal of Involvement, as well as the use of these suggested topic headings.

Appendix I

Sample University Agreement Forms

**AGREEMENT BETWEEN
THE BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM
ON BEHALF OF THE UNIVERSITY OF WISCONSIN - La Crosse
And _____**

FOR THE CONDUCT OF A FIELD EDUCATION PROGRAM

This agreement is between the Board of Regents of the University of Wisconsin System on behalf of the **University of Wisconsin-La Crosse** (hereinafter referred to as "University") and _____ (hereinafter referred to as "Facility").

In consideration of the mutual benefits to the respective parties, any and all departments of the University wishing to enter into a clinical education program with the Facility, and the Facility agree to the terms set forth below.

THE UNIVERSITY AGREES:

1. That each school or college of the University wishing to participate in a clinical education or field placement program with the Facility will annually provide the Facility with a Program Memorandum, detailing the academic content of the proposed program. Upon acceptance of this Program Memorandum as provided hereafter, it shall become a part of this agreement and shall be incorporated by reference. The Program Memorandum will include discussion of program concepts; the controls which the University and the Facility may exercise or are required to exercise; the rights of the Facility to send representatives to review the University's program; the number of students to be assigned, the qualifications of those students and the schedules of those students; and/or any other matters pertaining to the specific program proposed by the department.
2. To recognize within the extent and limitations of Secs. 895.46(1) and 893.82, Wis. Stats., that the State will pay judgments for damages and costs against its officers, employees and agents arising out of their activities while within the scope of their assigned responsibility in the program at the Facility.
3. To provide the Facility with a listing of students who will be participating under the program and to update that listing periodically.

THE FACILITY AGREES:

1. To review any Program Memorandum concerning any clinical education or field placement program which is submitted by a school or college of the University **of Wisconsin - La Crosse**. Upon review, the Facility will notify the school or college of its acceptance or rejection of the academic program proposal.
2. Not to accept students as participants in the program unless the student is certified as a program participant in writing by the appropriate fieldwork coordinator of a particular University school or college.

THE UNIVERSITY AND THE FACILITY JOINTLY AGREE:

1. That there shall be no discrimination against students on the basis of their race, color, creed, religion, sex, national origin, disability, ancestry, age, sexual orientation, pregnancy, marital status, or parental status.
2. That the State will indemnify University employees, officers, and agents (students in training required for credit program and/or for graduation) against liability for damages arising out of their activity while acting within the scope of their respective employment or agency, pursuant to secs. 895.46(1) and 893.82, Stats.
3. That the Facility will indemnify its employees, officers and agents against liability for damages arising out of their activity while acting within the scope of their respective employment or agency, either by providing insurance or for political subdivisions of the State of Wisconsin pursuant to sec. 895.46, Stats.
4. By executing this agreement, neither the University nor the Facility waives any constitutional, statutory or common law defenses, nor shall the provisions of agreement create any rights in any third party.
5. This agreement shall be construed and governed by the laws of the State of Wisconsin.

TERMS OF AGREEMENT:

This Agreement shall become effective on the _____ day of _____, 2004 and shall automatically renew on an annual basis unless terminated as provided by this Agreement. Either party shall have the right to terminate this Agreement for any reason on sixty days written notice to the other party. In the event of termination, the parties agree that any students placed at the Facility will be able to complete their activities in connection with the Program.

Program Memoranda presented by the University and accepted by the Facility shall be for a term of no longer than one year. They may be renewed upon mutual agreement. Such Program Memoranda do not require the further approval of either party provided they contain provisions relating solely to program arrangements and content.

All such Program Memoranda must be approved by the respective school or college within the University. Such Memoranda shall be effective for a period of one year.

All fully executed Program Memoranda shall be incorporated by reference and become a part of this agreement if not inconsistent in any manner with this agreement.

**FOR THE BOARD OF REGENTS OF THE
UNIVERSITY OF WISCONSIN SYSTEM:**

FOR THE FACILITY:

Signature of Authorized Official Date

Signature of Authorized Official Date

Sharon Radtke, Director of Business Services

Name and Title (type or print)

Name and Title (type or print)

FORM 4C1

L1918 March 1999, (608) 785-6800. Personally identifiable information will not be used for secondary purposes.

**AGREEMENT BETWEEN
THE BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM
ON BEHALF OF THE UNIVERSITY OF WISCONSIN-LA CROSSE
FOR THE CONDUCT OF A CLINICAL OR FIELD EDUCATION PROGRAM**

This agreement is between the Board of Regents of the University of Wisconsin System on behalf of the University of Wisconsin - La Crosse (hereinafter referred to as "University") and _____ (hereinafter referred to as "Facility").

In consideration of the mutual benefits to the respective parties, any and all departments of the University wishing to enter into a clinical education program with the Facility, and the Facility agree to the terms set forth below.

THE UNIVERSITY AGREES:

1. That each school or college of the University wishing to participate in a clinical education placement program with the Facility will annually provide the Facility with a Program Memorandum, detailing the academic content of the proposed program. Upon acceptance of this Program Memorandum as provided hereafter, it shall become a part of this agreement and shall be incorporated by reference. The Program Memorandum will include discussion of program concepts; the controls which the University and the Facility may exercise or are required to exercise; the rights of the Facility to send representatives to review the University's program; the number of students to be assigned, the qualifications of those students and the schedules of those students; and/or any other matters pertaining to the specific program proposed by the department.
2. To recognize within the extent and limitations of S e c s . 895.46(1) and 893.82, Wis. S t a t s ., that the State will pay judgments for damages and costs against its officers, employees and agents arising out of their activities while within the scope of their assigned responsibility in the program at the Facility.
3. To provide the Facility with a listing of students who will be participating under the program and to update that listing periodically.

THE FACILITY AGREES:

1. To review any Program Memorandum concerning a clinical education program which is submitted by a school or college of the University. Upon review, the Facility will notify the school or college of its acceptance or rejection of the academic program proposal.
2. To satisfy the provisions contained in 45 CFR 46, existing for the protection of human subjects, to the extent that such regulations are applicable to the respective program involved. The University will provide a copy of such regulations upon request and will make its institutional review board available to the Facility for consultative purposes.

3. Not to accept students as participants in the program unless the student is certified as a program participant in writing by the appropriate field work coordinator of a particular University school or college.

L1918 March 1999, (608) 785-6800. Personally identifiable information will not be used for secondary purposes.

THE UNIVERSITY AND THE FACILITY JOINTLY AGREE:

- 1. That there shall be no discrimination against students on the basis of the students' race, color, creed, religion, sex, national origin, disability, ancestry, age, sexual orientation, pregnancy, marital status or parental status.
- 2. That the State will indemnify University employees, officers, and agents (students in required training, a credit program, or for graduation) against liability for damages arising out of their activity while acting within the scope of their respective employment or agency, pursuant to secs.895.46(1) and 893.82, S t a t s .
- 3. That the Facility will indemnify its employees, officers and agents against liability for damages arising out of their activity while acting within the scope of their respective employment or agency, either by providing insurance or for political subdivisions of the State of Wisconsin pursuant to sec.895.46, S t a t s .
- 4. By executing this agreement, neither the University nor the Facility waives any constitutional, statutory or common law defenses, nor shall the provisions of agreement create any rights in any third party.
- 5. This agreement shall be construed and governed by the laws of the State of Wisconsin.

TERM OF AGREEMENT:

This Agreement shall be for a term of three years, commencing on _____.

This Agreement may be terminated at the will of either party by giving thirty (30) days written notice to the other, provided however, both parties hereto shall exert their best efforts to provide a mechanism whereby students who are currently in this educational program be allowed to complete the educational program without interruption.

Program Memoranda presented by the University and accepted by the Facility shall be for a term of no longer than one year. They may be renewed upon mutual agreement. Such Program Memoranda do not require the further approval of either party provided they contain provisions relating solely to program arrangements and content.

All such Program Memoranda must be approved by the respective school or college within the University. Such Memoranda shall be effective for a period of one year. All fully executed Program Memoranda shall be incorporated by reference and become a part of this agreement if not inconsistent in any manner with this agreement.

FOR THE BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM:

FOR THE FACILITY:

Signature of Authorized Official Date

Signature of Authorized Official Date

Name (type or print)

Name (type or print)

Title (type or print)

Title (type or print)

Page 2 of 2

Appendix J

Supervisor's Evaluation Form

SUPERVISOR'S STUDENT EVALUATION FORM
 University of Wisconsin La Crosse
 Department of Health Education & Health Promotion

Community Health Preceptorship, CHE 498

Please return by _____ to:

Robert Jecklin, M.P.H., Ph.D.
 University of Wisconsin La Crosse
 1725 State Street
 209 Mitchell Hall
 Health Education and Health Promotion
 La Crosse, WI 54601

Preceptee _____ Semester, 20__

Agency Name _____

Preceptor _____
 (Supervisor of the student) Please print

1. Attendance:

Check one

Additional Remarks

___ Worked well over the required
 number of hours

___ Worked the required number of
 hours

___ Worked below the required
 number of hours

2. Professional contributions to the Agency: (e.g., writing
 ability, organizational skills, research ability,
 resourcefulness)

Check one

Additional Remarks

___ Superior

___ Above Average

___ Average

- Below Average
3. Professional contributions to the population served by the
Agency:
Check one Additional Remarks
- Superior
- Above Average
- Average
- Below Average
4. Personal contributions to the Agency: (e.g., disposition,
emotional stability, enthusiasm, sincerity)
Check one Additional Remarks
- Superior
- Above Average
- Average
- Below Average
5. Personal contributions to the population served by the
Agency:
Check one Additional Remarks
- Superior
- Above Average
- Average
- Below Average
6. Preceptee's Overall Contribution
Check one Additional Remarks
- Superior
- Above Average
- Average
- Below Average

We are interested in your assessment of the student's preparation related to the entry-level health education Responsibilities. Listed below you will find the Responsibilities and a brief description of what is included in the Responsibility. Please indicate to what degree you think the student was prepared to accomplish the Responsibility.

1. Determine the appropriate focus for health education collection and analysis of information regarding the interests and needs of the population).

1	2	3	4	5
very prepared	somewhat prepared	not certain	somewhat unprepared	very unprepared

2. Plan health education programs in response to identified needs (participate in the educational process, selection of program objectives, and designing programs based on objectives).

1	2	3	4	5
very prepared	somewhat prepared	not certain	somewhat unprepared	very unprepared

3. Implement planned health programs (assist with mobilizing personnel, secure operational resources, and carry out educational programs).

1	2	3	4	5
very prepared	somewhat prepared	not certain	somewhat unprepared	very unprepared

4. Evaluate health education programs (develop evaluation design, assemble necessary resources, help implement design, and communicate results).

1	2	3	4	5
very prepared	somewhat prepared	not certain	somewhat unprepared	very unprepared

5. Communicate health and health education needs, concerns, and resources (provide information regarding health and health education, interpret health information, facilitate communication, and advocate for health education).

1	2	3	4	5
---	---	---	---	---

	very prepared	somewhat prepared	not certain	somewhat unprepared	very unprepared
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6. Coordinate selected health education activities (assist in carrying out health education and designated administrative activities and promote awareness of health education's contributions to achieving health goals).

1	2	3	4	5
very prepared	somewhat prepared	not certain	somewhat unprepared	very unprepared

7. Act as a resource for health education (gather, evaluate, and disseminate from a variety of health sources information regarding needs, concerns, and interest, prepare others to perform health education related skills, initiate health education consultation).

1	2	3	4	5
very prepared	somewhat prepared	not certain	somewhat unprepared	very unprepared

Signature, Supervisor of Student

Date

Appendix K

CHE 498 Course Syllabus

UNIVERSITY OF WISCONSIN-LA CROSSE

COMMUNITY HEALTH EDUCATION PRECEPTORSHIP, CHE 498

Robert Jecklin, M.P.H., Ph.D., Undergraduate Community Health Preceptorships, 608/785-6791
 G.D. Gilmore, M.P.H., Ph.D., CHES, Professor and Director, Community
 Health Education Programs, 608/785-8163

R. Daniel Duquette, Ed.D., CHES, Professor and Chair, Health Education and Health
 Promotion Department, 608/785-8161

Keely Rees, Ph.D., CHES, Assistant Professor, Coordinator,
 Director Undergraduate Community Health Education, 608/785-8168

Introduction

- A. The Preceptorship is designed to be a practical culminating experience in which the student maintains a full-time agency workload in Community Health Education. It is meant to be a time of service and innovation to the agency, as well as a significant learning opportunity. Only through a practical experience such as this, can the efficient application of knowledge, ideas, and skills in realistic problem settings occur. With this, both the student and the agency should benefit immeasurably.

- B. Major Objective
 To enable the student (1) to apply realistically the knowledge and skills attained in the campus setting to specific practical community health education issues in the agency setting, (2) resulting in practical service to the agency, and (3) better student preparation for future employment and/or advanced education.

Involvement

- A. The Preceptorship experience will take place in an agency which employs Community Health Educators and which has health education as a major part of its mission. This includes government health departments, voluntary health organizations, hospitals, clinics and worksite health organizations. The most valuable field training will entail a variety of health education and health promotion projects. The agency must provide first-hand involvement in such activities as:
 - Needs assessment
 - Program development and implementation
 - Instruction
 - Public speaking
 - Written communication
 - Materials and media preparation
 - Community organization

Public relations and publicity

Program evaluation
 Services coordination
 Resources acquisition and dissemination

If the student is to be involved in the most valuable field training experience, as many of these components as possible must be combined so that it is truly Health Education. Thus, the agency should offer some facet of each of the components.

- B. The specific employment description for the experience will be delineated from a dialogue session involving the Community Health Coordinator, the appointed agency representative, and the student (whenever possible). The employment description will be based on the following criteria:
1. The strengths of the student
 2. The needs and interests of the student
 3. The strengths of the agency
 4. The needs of the agency
- C. This Preceptorship will be offered during the Fall and Spring semesters. Limited opportunities may be available during the Summer semester. Community Health Education majors will enter their field training experience in the final semester. Determinations regarding schedules are made by the Community Health faculty. The following parameters have been developed:
1. Fall or Spring Semester
 - The field experience will commence with the first official class day and terminate with the final official class day. This usually will be 15 weeks.
 - Vacation days during this time period will be commensurate with the agency vacation schedule.
 - The student will work a minimum of 37 hours per week at the agency accruing a total of 560 Preceptorship hours for the semester.
 2. Sharing Session
 - On the final Preceptorship day, there will be a sharing session at UW-La Crosse. At this time you will be able to return and share your experiences and your portfolio with other students and faculty.
- D. Preparation for the Preceptorship begins at least twelve months in advance of the agency starting date. It is not advisable to request an agency until you are clear about your major interest area and the opportunities each site provides. Three Community Health Education forms are to be completed in advance: Agency Request Form (Form 1), Application for Admission (Form 2), and Proposal of Involvement (Form 3). Also a resume is requested. The Agency Request form (Form 1) must be completed twelve months in advance and aids in pre-alignment

with an agency. The Proposal of Involvement is completed following an interview session with a specific agency.* Your Resume and Application for Admission to the Preceptorship (Form 2) are completed the semester prior to your agency experience. Additional forms can be obtained from your Preceptorship Advisor and the Academic Advisor for the college in Room 125 Mitchell Hall.

***NOTE:** Form I, the Interview, Attendance to the Prior-Semester Orientation Process, and the Proposal of Involvement, have a 450 point value attached to it (in relation to the final Preceptorship grade; see page 5)

Requirements for the Preceptorship include:

- (1) completion of all forms
- (2) completion of all coursework
- (3) a CGPA of 2.75
- (4) a MGPA of 2.75
- (5) recommendation by the Department

Evaluation

The following methods of evaluation will be incorporated:

Dates for these reports, along with additional dates of significance, will be provided during the semester prior to your Preceptorship and during the early part of your Preceptorship.

A. Preparation of 2 Interim Reports:

The reports must be submitted to your Preceptorship Faculty Advisor and to the agency's Preceptor. The reports are usually 3-4 pages in length (they can be longer, if you wish) and must incorporate the following information:

Interim Report Number 1 Due: _____

- What specific activities have you been involved in during the past month?
- What changes in your activities/projects have occurred since the proposal of involvement?
- Are you getting an overview of the agency (list specifics)?
- What are some positive aspects of your experience?
- Are you experiencing any specific problems (if none, state it too)?
- General statement of your present feelings about the experience.

Interim Report Number 2 Due: _____

- What specific activities have you been involved in during the past month?

- What changes in your activities/projects have occurred since the proposal of involvement?
- What are some positive aspects of your experience?
- Are you experiencing any specific problems (if none, state it too)?
- General statement of your present feelings about the experience.
- Preliminary recommendations for the improvement of the agency.

B. Preparation of a Final Report:

Final Report Due: _____

The report should be 8-10 typewritten pages in length (it can be longer, if you wish), and must incorporate the following information:

- A brief historical sketch of the agency (to include its service Philosophy)
- Elaboration of your major program involvement (to include what you did, how you did it, and evaluation of the end result).
- Elaboration of recommendations for the improvement of internal agency operations.
- Elaboration of recommendations for the improvement of external agency operations (the agency's service population).
- Evaluation of the experience
- Overall recommendations for future students

You must submit the Final Report in the following manner:

- Your report must be in WordPerfect for Windows or Word for Windows format)
- Original copy to Preceptorship Advisor
- One copy for the Coordinator's file (submit this copy to the Preceptorship Advisor and he/she will route to the Preceptorship Coordinator)
- One copy on cd (the cd copy must be in Microsoft Word for Windows format)
- One copy to your agency Preceptor

C. Portfolio

Portfolio Due: _____

The portfolio is a collection of work that exhibits the student's efforts, progress and achievements throughout his/her coursework and Preceptorship experience. The portfolio must incorporate the following information:

- Cover letter
- Title page

- Table of contents
- Statement of health education philosophy
- Narrative summary
- Reflections
- Artifacts and annotations
- Resume and transcript

D. An on-site visit or telephone interview will be made by the Preceptorship Advisor during the Preceptorship. At that time, he/she will engage in a dialogue session with the student and agency representative, basically attempting to ascertain how the experience is working out for the student and the agency. If more discussions are needed, additional site visits will be arranged.

E. The agency supervisor of the student will have the opportunity to evaluate the student, utilizing the Supervisor’s Student Evaluation Form.

F. There will be a final dialogue session and portfolio discussion at the end of the field training experience involving the Preceptorship Advisor for a session after the final day at the agency.

G. Point Values:

- Preliminary Process (Form I – 100 pts., Prior-semester Orientation Session - 50 pts., Interview - 100 pts., and Proposal of Involvement - 200 pts.)	450
- 2 Interim Written Reports (100 pts. ea.)	200
- Final Written Report	260
- Site Visit Evaluation	100
- Supervisor’s Written Evaluation	150
- Final Dialogue Session and Sharing (Dialogue with advisor – 75 pts.) (Final Sharing Session – 200 pts.)	275
- Portfolio	<u>100</u>
	1,535

H. Grading:

93%	= A
88-92%	= A/B
83-87%	= B
78-82%	= B/C
68-77%	= C
63-67%	= D
< 62%	= F

Prerequisites;

1. Successful completion of all coursework
2. Recommendation by the Department (Form 2)
3. Cumulative GPA – 2.75
4. Major GPA – 2.75

Appendix L

Sharing Session Presentation Outline

Sharing Session Presentation Outline

Presentation:

1. Brief overview of agency and its mission (< 1 minute)
2. Description of your major area of involvement at the site (<2 minutes)
Note: Focus on the CHES Responsibilities/Competencies
3. Description of why others would benefit from this experience (<1 minute)
4. Description of special needs related to site (car, travel, housing, etc <1 minute)
5. Summary Statement (<30 seconds)

Panel:

1. After all Preceptees present, a panel of Preceptees and Preceptors will answer questions from the audience. This shall be a more informal way to interact and share the experiences with future Preceptees.

Poster/Materials:

1. Please bring materials from your experience to share with the group.
 - a. Portfolios
 - b. Photographs
 - c. Poster Presentation
 - d. Handouts
 - e. Brochures from the Site
2. These materials will be showcased and students will have the opportunity at the end of the Sharing Session to view them and ask you questions.