

FORM 1 – Community Health Education Preceptorship

Site Request Form

Submit this form and the required background documents so your advisor may submit them to the Undergraduate Preceptorship Coordinator by October 1 for summer or fall preceptorship, by February 1 for spring preceptorship.

Intended Preceptorship Period: Year Semester Fall Spring Summer

Student Name:

Advisor Name:

Campus Mailing Address:

Campus or Cell Phone:

Home Mailing Address (if different than above):

Home Phone:

UWL e-mail address:

Major:

Minor(s):

Required Background Documents

1. Obtain a written graduation Check-Out Summary from the Assistant to the Dean in room 205 Graff Main Hall. Call ahead for an appointment (795-8156) for the credit check. The completed credit check must be attached to this form when you submit it to your academic advisor.
2. Prepare a typed document describing your rationale for your preceptorship. Your rationale must clearly label and include the following elements:
 - a. Your professional goals.
 - b. Your interest in specific health issues, special practice settings, and particular population segments.
 - c. Identify three preceptorship sites by name and location
 - i. Number these sites from one to three, indicating your first through third preferred site for your preceptorship.
 - ii. Explain how these sites would help you meet your professional goals and specific interests.
 - d. Describe any personal connections, communications, or experiences you have with the sites you have listed.
 - e. If you are requesting a summer preceptorship, you must include your reasoning for choosing summer session over spring or fall semesters.

Date

Signatures

Student Signature

Academic Advisor Signature

Undergraduate Preceptorship Coordinator Signature