



STUDENT LEARNING AGREEMENT

Complete all information on this form. Dated signatures for student, preceptor and faculty advisor are required.

Student's Name:

Student's Phone:

E-mail:

Name of University/College:

Faculty Advisor:

Faculty Advisor's Phone:

E-mail:

Preceptor:

Preceptor's Phone:

E-mail:

Day(s) of week student will be at Health Department site (circle): M T W Th F

Hours student will be at site (ex. 9am-3pm, 8am-5pm, etc.): _____

Approx. hours to be spent on learning experience per week: _____

Total hours to be completed in this learning experience: _____

Estimated start and end dates of learning experience: _____

I. Learning Objectives

Within the duration of this learning experience and upon the completion of it, the student will learn the following:

- 1.
- 2.
- 3.

II. Responsibilities and Duties

Regarding the specific responsibilities and duties of the learning experience and associated works, the student will be responsible for the following:

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

III. Service Deliverables

Within the duration of this learning experience and upon completion of it, the student will produce the following deliverables associated with this learning experience:

1. Weekly logs (tasks performed and hours invested in learning experience)
- 2.
- 3.
- 4.
- 5.

All deliverables of this learning experience will be submitted to his/her preceptor at the Northern Kentucky Public Health Institute/Northern Kentucky Health Department upon completion of this learning experience.

Your signature indicates that you have read and agreed to the requirements of this learning experience, as stated above.

Student: _____ Date: _____

NKHD
Preceptor: _____ Date: _____

Faculty
Advisor: _____ Date: _____

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