

## Community Preceptor Agreement--Consortium of Eastern Ohio Master of Public Health

The Consortium of Eastern Ohio Master of Public Health (CEOMPH) and the Community Preceptor, hereinafter collectively referred to as the "Parties," enter into this Agreement in order to ensure a public health experience that benefits both the community and the student.

### Community Preceptor Roles and Obligations

The community preceptor is a member of the community who works at an organization that can provide the setting and population appropriate for the MPH student project. The community preceptor should have the expertise and authority to guide the student and allow access to relevant organization resources. The Community Preceptor will do the following:

- Provide direction on the application of the public health competencies to the project.
- Provide a setting in which the student may demonstrate his/her public health skills.
- Sign and turn in a community preceptor agreement form to the MPH office.
- Assist in developing a project plan during the C3P20 process, in conjunction with the faculty preceptor and the student.
- Assist in developing an appropriate written end product.
- Meet (either by conference phone or face-to-face) with the student weekly.
- Meet (either by conference phone or face-to-face) with the student and faculty preceptor to assess student progress once a month.
- Assist the student during the project, using expertise and experience.
- Turn in a mid-term progress report and end-term evaluation. Interim evaluations may be contingent on the project and number of credits.
- Provide a grade for the student on the Capstone Project Evaluation Form to the MPH Program Office. Signatures and comments from both faculty and community preceptor should be submitted on the same form.

### MPH Program Office Roles and Obligations

The MPH Program Office consists of the program director, capstone coordinator, and program assistant. All may be reached at [pubhlth@neomed.edu](mailto:pubhlth@neomed.edu). The MPH Program Office will do the following:

- Introduce the capstone project requirements to new students.
- If necessary, provide suggestions and locations for capstone projects.
- Assist students in developing their capstone projects through Capstone Project I.
- If necessary, assist in matching a community preceptor(s) and faculty advisor/preceptor with the student. Orient preceptors to the capstone project process.
- Review capstone application and present to Curriculum Committee for approval.
- Collect meeting summaries and/or Interim Progress Reports.
- Answer any questions during the course of the project.
- Transmit the final capstone grade to the appropriate university.

The term of this Agreement shall commence on the \_\_\_\_ day of \_\_\_\_\_, and shall continue thereafter for an unlimited number of one-year terms, subject to annual review and such modifications as are hereafter made by agreement of the Parties. This agreement shall be automatically renewed unless written notice is given to the other Party at least 90 days prior to the date of termination unless this would adversely impact students who are currently assigned to the preceptor. In a situation where students would be adversely affected, the parties will in good faith negotiate a resolution that will avoid any adverse affect on the student(s). The Community Preceptor acknowledges that it is expressly understood that this Agreement does not confer upon said Community Preceptor any right or claim to indemnification by CEOMPH, be it expressed or implied.

I have read and agree to abide by the terms of this Agreement:

\_\_\_\_\_  
CEOMPH Representative Signature

Amy Lee, MD, MPH, Program Director  
\_\_\_\_\_  
CEOMPH Representative Name (printed)

Date:

Fax: 330-325-5907

Phone number: 330-325-6179

Email address: [afl@neomed.edu](mailto:afl@neomed.edu)

Address: Consortium of Eastern Ohio MPH  
4209 State Route 44, PO Box 95  
Rootstown, OH 44272-0095

\_\_\_\_\_  
Community Preceptor Signature

\_\_\_\_\_  
Community Preceptor Name, degrees, title (printed)

Date:

Agency name:

Phone number:

Email address:

Address: