

**Arnold School of Public Health
PRECEPTOR WAIVER FORM**

An essential component of the practice experience is supervision by a qualified preceptor who is a public health professional. It is recognized that some preceptors possess extensive public health experience and may not necessarily meet the requirements listed in the Arnold School's Practicum Guide. In such cases, the requirements may be waived.

If a waiver is requested for a Preceptor, the Preceptor must complete Section I and attach a summary detailing his/her public health experiences. The summary should include the following:

1. the name of the organization
2. description of how the experience demonstrates application of knowledge from the core and specialty public health areas
3. approximate number of hours of field-based experience
4. the name, title, and contact information of supervisor(s)
5. signature

Section I

I request a waiver of the preceptor practicum requirements. I have extensive public health experience and have acquired skills and content in the core and specialty public health areas. A summary of these experiences is attached.

Preceptor Name: _____

Preceptor Email Address: _____

Academic Department where you will serve as a preceptor (Please check one)

- Environmental Health Sciences
- Epidemiology and Biostatistics
- Health Services Policy and Management
- Health Promotion, Education, and Behavior
- Exercise Science
- Master of Public Health in General Public Health (General MPH)

Practicum Advisor Name: _____

Practicum Advisor Email Address: _____

Signatures in support

Preceptor's Signature _____

Date: _____

Practicum Advisor's Signature _____

Date: _____

Department Chair's Signature: _____

Date: _____

Each academic department should retain a copy of the completed preceptor's waiver for their records.

Last Updated: 9/2016