



Appendix I: Preceptor Agreement

Aspen University - Preceptor Agreement – DrPH Immersion

****Student: Submit this completed form to Project Concert****

I, _____, have identified the following preceptor and he/she agrees to serve as my site preceptor for this/these course(s) DrPH_____. I verify that I have provided this preceptor with a copy of the Aspen University DrPH Handbook on ____/____/____ (today's date).

Student's Full Name: _____

Student's Signature: _____

Preceptor's Information:

Preceptor's Full Name: _____

Agency Affiliation: _____

Agency Address: _____

Position Title: _____

Work Telephone Number: (____) _____ E-mail Address: _____

Preceptor's Education: Degree (Highest Level Attained):

_____ DrPH _____ Ph.D.

_____ Other Doctoral Degree Specialization _____

RN License # (if applicable) _____ State _____ Expiration Date _____

Preceptor's Acknowledgement and Acceptance:

I agree to function as the immersion site preceptor. I have reviewed the DrPH Handbook and accept the role and function as a preceptor. The information provided herein is true to the best of my knowledge.

Signature (*No Typed Signatures*)

Printed Name

Date

Preceptor's Experience (Please attach and submit a 5-year resume or CV)

Immersion Site Information (Should be the Same as the Immersion Site Agreement):

Name of Site: _____

Address: _____

Telephone Number: _____

ASPEN UNIVERSITY APPROVAL:

Signature: _____ Print Name: _____

Date: _____ Title: _____