

## APPLIED PRACTICE AGREEMENT

**(to be completed with your Internship/Project Supervisor and submitted prior to starting work)**

**INTRODUCTION:** PH 497/650/750/850 is an experiential course where students apply the public health principles and competencies they have been learning in a variety of settings. Internships and/or approved projects must align with SPH learning objectives and public health competencies. See Undergraduate and Graduate Requirement sections:  
<https://gsph.sdsu.edu/fieldpractice/index.php>

### **INSTRUCTIONS FOR COMPLETING THE FORM:**

#### **Applied Practice Experience Eligibility**

**New/Continued Field Site:** Indicate whether the site listed is a new or continued internship and provide the number of semesters working at the site. Students working more than one semester at a site will be required to submit the *Employer/Preceptor Verification of Applied Practice Requirements* form, an agreement and verification of current and new duties/responsibilities. Time on re-assigned duties must be equal to that of the required hours.

**Employee of Site:** Students employed by the site for six months or longer are also required to submit the *Employer/Preceptor Verification of Applied Practice Requirements* form, an agreement and verification of current and new duties/responsibilities. Time on re-assigned duties must be equal to that of the required hours.

**Service-Learning Agreement (SLA):** An SLA between the University and field practice site is required prior to starting an internship at the field site. This covers general and professional liability for students who obtaining credit for unpaid internships. It is not health insurance. **Check the SLA Master List** for your site here:

<http://bfa.sdsu.edu/financial/procurement/servlearning.aspx>

**If the site is not on this list,** you will need to contact the Applied Practice Advisor to initiate the process of establishing one. **This can take up to three weeks so plan accordingly.**

#### **Applied Practice Site Information**

**The Organization/Company** is the main or “parent” organization/company that you are working for. **The Department/Unit/Branch** is the name of the department within the main organization that you work in. **Project Name** is the official name of the specific project that the student will be working on. If there is no particular project that you will be working on, then leave this blank. **Field Supervisor** is the individual who is identified to be the primary staff person to oversee you. This will be the person that provides direction, instruction, and completes your online evaluation at the conclusion of your field practice.

**Example:**

**Organization/Company Name:** San Ysidro Health

**Department/Unit/Branch:** HIV/AIDS

**Project/Program Name:** CASA

**INTERNSHIP INFORMATION**

In lieu of completing sections A & B, students may submit an Internship Job Description created by the field site. However, if a summary of the project or program is not included, please complete section A. Section C must be completed in collaboration with the Field Site Supervisor

**Project Description** is a summary of the specific project or program in which the student will be working primarily with. Include key objectives, target population, intervention or project activities.

**Public Health Competencies** – These are the skills that students should achieve through classroom and applied learning experiences when the project/internship has been completed. **Undergrads and grads must select at least three (3) “foundational” competencies and grads must select an additional two (2) division-specific competencies from this list.** See Undergraduate and Graduate Requirement sections for competencies: <https://gsph.sdsu.edu/fieldpractice/index.php>

**Additional Student Learning Objectives** should be aligned with what is being learned in public health courses. Objectives are important for setting expectations for the student and field placement supervisor and will help to identify measures for progress along the way.

**See Guide for Developing Learning Objectives on the SPH website:**

<https://gsph.sdsu.edu/fieldpractice/forms.php>

**Duties/Responsibilities** must be clear, specific, appropriate and relevant to public health curriculum/practice. In other words, students should be applying what they have and currently learning in the courses. The majority (60%) of duties should be public health related and aligned with the B.S. in Public Health Educational Objectives listed above.

**CONTINUE TO AGREEMENT BELOW AND SUBMIT AS FOLLOWS:**

- No handwritten agreements will be accepted
- Signatures required in two sections
- Original or *electronic* signatures will be accepted (NO typed name)
- Do not submit instruction pages
- Unless directed otherwise, completed/signed agreements should be uploaded Blackboard during the semester you are registered for credit

**\*\*\*Blank\*\*\***

# APPLIED PRACTICE WORK PLAN

**\*\*\*Type Only\*\*\***

Date: \_\_\_\_\_

## STUDENT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Red ID: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Semester /Year Enrolled in BS in Public Health \_\_\_\_\_ # of Units Completed : \_\_\_\_\_

## APPLIED PRACTICE ELIGIBILITY

- New internship site       Continued internship – Number of semesters at site? \_\_\_\_\_  
 Employee at site/agency – How long? \_\_\_\_\_

***NOTE:** If you checked the “continued internship” or “employee at site” box (and have been at the site longer than 6 months), you and your Field Supervisor **must** also complete and submit the Employer/Preceptor Verification of Applied Practice Requirements form.*

## Service Learning Agreement (SLA) on file?

- Yes  No – If not on the list below, please contact the Field Placement Advisor to begin process

Check the SDSU Master SLA List:

<https://bfa.sdsu.edu/financial/procurement/servlearning.aspx>

***NOTE:** An SLA is required prior to starting the internship; therefore please allow at least 3 weeks to complete this process. If uncertain, contact the Applied Practice Coordinator.*

## APPLIED PRACTICE SITE INFORMATION

Organization/Company Name: \_\_\_\_\_

Department/Branch/Unit: \_\_\_\_\_

Project Name (if applicable): \_\_\_\_\_

Organization Address: \_\_\_\_\_

Primary Working Site Address (if different): \_\_\_\_\_

Primary Field Supervisor and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone and Email: \_\_\_\_\_

## INTERNSHIP INFORMATION

**A. PROJECT DESCRIPTION** (summary of the specific project or program with key objectives, target population, intervention or project activities).

**B. PUBLIC HEALTH COMPETENCIES:** Undergraduates and graduates must choose at least three FOUNDATIONAL competencies and graduate must select an additional two division-specific competencies that your internship will help you achieve. **See Undergraduate and Graduate Requirement sections:** <https://gsph.sdsu.edu/fieldpractice/index.php>

1.

2.

3.

4.

5.

**C. STUDENT LEARNING OBJECTIVES:** Must develop a minimum of two additional specific learning objectives (up to 3) you hope to achieve from this experience.

1.

2.

3.

**D. PRIMARY DUTIES/RESPONSIBILITIES:** The majority of your duties/responsibilities should allow you to apply what you are learning in your classes and help you achieve the educational and learning objectives you listed above.

Public health specific:

General office:

**E. Key Deliverables/Products:** List any planned products you will develop during your internship. Examples include: Resource Directory, Survey or Questionnaire for community members, Social Media or Outreach Plan, Promotional/Marketing materials (i.e. flyers, Facebook/Instagram Ad, etc.), Research Report/Paper, Protocol or Guide, etc.

1.

2.

3.

Start Date: \_\_\_\_\_  
End Date: \_\_\_\_\_  
Expected Hours Per Week: \_\_\_\_\_

**Requires dates (mm/dd/yyyy)**

Compensation: \_\_\_\_\_ No \_\_\_\_\_ Yes  
If Yes, please specify if you will be paid a stipend or hourly including amount:

Schedule (example: 10-2pm)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

**SIGNATURES:**

\_\_\_\_\_  
Field Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

## APPLIED PRACTICE AGREEMENT

- a. I will devote \_\_\_\_\_ hours per week toward completion of the service learning objectives listed in my work plan for a total of \_\_\_\_\_ service hours, effective from: \_\_\_\_\_ - to \_\_\_\_\_. I agree to complete paperwork, assignments and other requirements identified by the Applied Practice Advisor, Instructor and Site Supervisor.
- b. I understand and acknowledge that there are potential risks associated with this learning activity, some of which may arise from (a) my assigned tasks and responsibilities, (b) the location of the learning activity, (c) the physical characteristics of the Learning Site, (d) the amount and type of criminal activity or hazardous materials at or near the location of the learning activity, (e) any travel associated with the learning activity, (f) the time of day when I will be present at the Learning Site, (g) the criminal, mental and social backgrounds of the individuals I will be working with or serving, and (h) the amount of supervision I will receive. I further understand and acknowledge that my safety and well-being are primarily dependent upon my acting responsibly to protect myself from personal injury, bodily injury or property damage.
- c. Being aware of the risks inherent in this learning activity, I nonetheless voluntarily choose to participate in this learning activity. I understand that I may stop participating if I believe the risks become too great.
- d. While participating in this learning activity, I will (a) exhibit professional, ethical and appropriate behavior; (b) abide by the field site's rules and standards of conduct, including wearing any required personal protective equipment; (c) participate in all required training; (d) complete all assigned tasks and responsibilities in a timely and efficient manner; (e) request assistance if I am unsure how to respond to a difficult or uncomfortable situation; (f) be punctual and notify the field site if I believe I will be late or absent; and (g) respect the privacy of the site's clients.
- e. While participating in this learning activity, I will not (a) report to the field site under the influence of drugs or alcohol; (b) give or loan money or other personal belongings to a client; (c) make promises to a client I cannot keep; (d) give a client or representative a ride in my personal vehicle; (e) engage in behavior that might be perceived as harassment of a client or field site representative; (f) engage in behavior that might be perceived as discriminating against an individual on the basis of their age, race, gender, sexual orientation, mental capacity, or ethnicity; (g) engage in any type of business with clients during the term of my placement; (h) disclose without permission the field site's proprietary information, records or confidential information concerning its clients; or (i) enter into personal relationships with a client or field site representative during the term of my placement. I understand that the Learning Site may dismiss me if I engage in any of these behaviors.

- f. I understand and acknowledge that in order for the SAFECLIP or SPLIP insurance to cover me for General and Professional liability, a fully-signed Service Learning Agreement (SLA) with the field site must be in place prior to starting the internship; therefore, I have verified and confirmed that an agreement is on file.

For more information and list of all SLA's on file:

<https://bfa.sdsu.edu/financial/procurement/servlearning.aspx>

- g. I understand and acknowledge that neither the University nor the field site assumes any financial responsibility in the event I am injured or become ill as a result of my participating in this learning activity. I understand that I am personally responsible for paying any costs I may incur for the treatment of any such injury or illness. I acknowledge that the University recommends that I carry health insurance.
- h. I agree to contact the Applied Practice Advisor at (619) 594-0766 or [lcazares@sdsu.edu](mailto:lcazares@sdsu.edu) if there are concerns with meeting the terms of this agreement, if I have been discriminated against, harassed or injured while engaged in this learning activity.

*I have read, understand and agree to comply with these guidelines.*

**SIGNATURES:**

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

*I have read and reviewed the above guidelines with the student.*

\_\_\_\_\_  
Field Supervisor

\_\_\_\_\_  
Date