

UNIVERSITY OF CALIFORNIA LOS ANGELES

CONTRACT

FIELD STUDIES COMMUNITY HEALTH SCIENCES SCHOOL OF PUBLIC HEALTH

The purpose of this agreement is to structure the field experience through results - oriented objectives and a delineated scope of work. This contract is the basis of the field study; once signed, **any subsequent changes will require the approval of the Preceptor and Dr. Prelip.** This contract and accompanying final scope of work must be submitted to Dr. Prelip's Office within one week of placement.

Student Name _____

Residence during placement _____

Street City State Zip Code

Home Phone () _____ Work Phone () _____

Preceptor Name _____

Agency Name _____

Agency Address _____

Street City State Zip Code

Phone () _____ Fax # () _____ Preceptor's Email _____

Beginning Date _____ Estimated Ending Date _____

Email during field work _____

I have read the work plan attached for at least 400 hours of fieldwork and by my signature approve the program as outlined.

Student Date Preceptor Date

Please return completed and signed to:

Dr. Mike Prelip
Department of Community Health Sciences
UCLA School of Public Health
P. O. Box 951772
Los Angeles, CA 90095-1772
(310) 825-4506 Fax (310) 794-1805