

Organization Registration Form

UCLA School of Public Health ~ Department of Community Health Sciences
Field Studies Program

1. Name of Organization: _____
Street Address: _____
City: _____ Zip: _____
Phone: (_____) _____ Fax: (____) _____
Director or Administrator: _____
E-Mail: _____
2. Person who will be student's direct preceptor: _____
Title: _____
Academic Degrees: _____
Phone: (____) _____ Ext: _____
Areas of Professional Expertise: _____

3. Please describe the position that you are offering. What are the specific projects and activities that you expect the student to complete during 400 hours of field study? Attach additional material, if necessary. PLEASE ATTACH A JOB DESCRIPTION, IF AVAILABLE.

4. What previous academic and work related experience or skills are you seeking?

5. Rank the learning opportunities available for students in this experience:
3=High level of opportunity 2=Moderate level of opportunity 1=low level of opportunity

- | | | |
|---------------------------------------|--|----------------------------|
| ___ Facilitating Meetings | ___ Community Organizing | ___ Marketing |
| ___ Advocacy | ___ Qualitative Research | ___ Quantitative Research |
| ___ Facilitating Training Programs | ___ Data Base Development | ___ Needs Assessment |
| ___ Financial Planning & Monitoring | ___ Fund Development | ___ Risk Assessment |
| ___ Group & Committee Work | ___ Public Speaking | ___ Statistical Analysis |
| ___ Program Planning & Development | ___ Educational Program Dev. | ___ Strategic Planning |
| ___ Data Collection & Analysis | ___ Evaluation | ___ Program Implementation |
| ___ Policy Research & Analysis | ___ Program Administration/Management | |
| ___ Educational Materials Development | ___ Drafting Policy, Legislation, or Regulations | |

6. What are the minimum qualifications for the project?

7. Is there a salary or stipend?

No

Yes

If yes, \$ _____/Hr /Wk /Mo

8. Please check the organizational support that will be provided to the student to complete their tasks:

Desk/Office Clerical Telephone Computer Other _____

9. How many students can your organization support? _____

10. What is your deadline for Applications? _____

11. How would you like students to apply for your position? (Please indicate):
_____ Send resumes directly to hiring organization, attn: _____
_____ Provide resumes to UCLA Field Studies Office to deliver to hiring organization.
_____ Alternative Method _____

Thank you for your interest in the UCLA Community Health Sciences Field Studies Program. To request a graduate student, please send or FAX the following information:

- ✓ Completed organization registration form
- ✓ Job description for the student position
- ✓ Organizational and promotional materials
- ✓ Additional materials at your discretion.

Please Send All Materials to:

*Dr. Michael Prelip
Assistant Professor
UCLA School of Public Health
Department of Community Health Sciences
PO Box 951772
Los Angeles, CA. 90095-1772*

*Email: mprelip@ucla.edu
Tel. 310-825-4506
Fax. 310-794-1805*