

## Form 17: MPH Practicum Student Profile and Career Advising

1. Name: \_\_\_\_\_ Nickname: \_\_\_\_\_
2. Local Address: \_\_\_\_\_
3. Languages Spoken (other than English): \_\_\_\_\_ 4. Ethnicity (optional): \_\_\_\_\_
5. Email Address: \_\_\_\_\_ 6. Mobile Phone#: \_\_\_\_\_
7. Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_
8. What is your specialization area: ☐ Epidemiology ☐ Native Hawaiian & Indigenous Health  
☐ Health Policy & Management ☐ Social & Behavioral Health Sciences
9. Faculty advisor: \_\_\_\_\_. This is my ☐ Permanent Advisor/☐ Interim Advisor (select one).
10. Who are you considering for your second committee member: \_\_\_\_\_
11. What public health areas are of interest to you as the focus of your practicum:  
1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_
12. Name any practicum site (dream) where you would like to be placed: \_\_\_\_\_  
\_\_\_\_\_
13. Name any preceptor with a master's degree or higher (a dream person) with whom you would like to work:  
\_\_\_\_\_
14. When would you like to carry out your practicum? Start date: \_\_\_\_\_ End date: \_\_\_\_\_
15. What form of transportation will you use to get to your practicum site? ☐ Car ☐ Bus ☐ Bike ☐ Walk
16. Do you have health insurance? ☐ No ☐ Yes; provider's name (HMSA, HMAA, Kaiser, etc.): \_\_\_\_\_
17. Are you currently employed? ☐ No (skip to 19) ☐ Yes; I will be working \_\_\_\_\_ hours per week during the practicum.
18. Provide your job title and employer's (company) name: \_\_\_\_\_
19. How do you pay for your tuition and educational costs? \_\_\_\_\_
20. Are you looking for a graduate assistant (research/teaching) position? \_\_\_\_\_
21. What type of job do you hope for after graduation? \_\_\_\_\_  
\_\_\_\_\_
22. Have you submitted your current resume or CV for practicum site visit and OPHSAS folder? ☐ No ☐ Yes

**Completed By:**

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Practicum Coordinator's Signature**

\_\_\_\_\_  
**Date**