**AMERICAN UNIVERSITY OF BEIRUT**  
**FACULTY OF HEALTH SCIENCES – MASTER OF PUBLIC HEALTH (MPH) PROGRAM**  

**PRACTICUM PLAN**

*Instructions to Students:* Describe the competencies you aim to acquire during your proposed practicum (3-concentration and 2-core), the learning objectives you aim to achieve, the activities you plan to implement and the outputs you aim to produce in order to achieve these competencies. You will be evaluated on the basis of how successful you have acquired these competencies at the end of your Practicum.

- Student's Name:  
- Student ID:  
- Practicum Site:  
- Preceptor:  
- Practicum Advisor:

<table>
<thead>
<tr>
<th>COMPETENCIES ADDRESSED (Core and concentration competencies)</th>
<th>COMPETENCY RELATED TO PRACTICUM OR CE?</th>
<th>LEARNING OBJECTIVES (LO) (Related to each competency)</th>
<th>ACTIVITIES (What will you do to achieve this competency?)</th>
<th>DURATION (Specify start and end date)</th>
<th># OF HOURS (Clearly separating Practicum and CE hours)</th>
<th>OUTPUTS (How will you demonstrate to have acquired the competency?)</th>
<th>MIDTERM ASSESSMENT(^1) (0 TO 3) (Done on 4(^{th}) week of practicum)</th>
<th>SIGN OFF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>2.</td>
<td>3.</td>
<td>4.</td>
<td>5.</td>
<td>[1] 0= does not meet expectation; 1= partially meets expectation; 2= meets expectation and 3= exceeds expectation</td>
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</tbody>
</table>
ADMINISTRATIVE ISSUES

Inclusive dates of Practicum:
From: to:

Schedule of Practicum:
Days/week:
Hours/Day:

Stipend:
NO Yes Amount:

Student's Signature: -----------------------------------------------
Date: -----------------------------------------------

Preceptor’s Signature: -----------------------------------------------
Date: -----------------------------------------------

Practicum Departmental Advisor Signature: -----------------------------------------------
Date: -----------------------------------------------

Practicum Coordinator's Signature: -----------------------------------------------
Date: -----------------------------------------------