

## Field Placement Site Application

This form should be completed by a representative of the site, such as the Site Preceptor.

### General Information

Name of Organization:

Type of Organization:

Address:

Phone:

Fax:

Email:

Agency Website:

How many MPH students can your agency accept at one time?

May prospective interns contact you directly?  Yes  No

Preceptor name and title:

***Preceptors must have substantial experience in public health or related field. Please attach resume or CV.***

### Permission to Post Information

Which information for your agency may we post on our [website](#)?  All  None  Some

If some, please indicate which types of information may be posted.

- Name of Organization
- Type of Organization
- Location - City & State
- Website
- Email
- Preceptor Name (as contact person)

### Project Information

Anticipated start and end dates

Is your agency able to offer a stipend or other financial compensation for the student?  Yes  No

If yes, provide an estimate of monetary or other form of compensation

Please provide a brief description of the types of public health projects/activities in which you envision the student being involved.

Please list minimum qualifications (experience, computer skills, languages spoken, etc.) you require of a student.

If possible, please include any brochures or materials that would be useful in describing your organization to students and Faculty Advisors.

Please return the form and supporting materials to:

MPH Program  
Institute for Health and Society  
Medical College of Wisconsin  
8701 Watertown Plank Road  
Milwaukee, WI 53226

Phone: 414-955-4806  
Fax: 414-955-6529  
Email: [mph@mcw.edu](mailto:mph@mcw.edu)