Name: _______________________________________

UFID: ______________________

Please provide the date of the Public Health Service experience.

___________________________________________________________________________________

Please provide the site/organization of the Public Health Service.

___________________________________________________________________________________

Please provide the name of the preceptor/contact person (in charge) of this Public Health Service (if applicable).

___________________________________________________________________________________

Please provide the email address of the preceptor/contact person (in charge) of this Public Health Service (if applicable).

___________________________________________________________________________________

Please write a brief description (250-500 words) of the Public Health Service activity that was undertaken and how it relates to public health.

___________________________________________________________________________________

How many hours of Public Health Service did you complete during this experience? __________

I approve that this student has completed the listed number of Public Health Service.

___________________________________________________________________________________

Preceptor/Contact Person Signature Date