

Public Health Experience (PHE) Factual Report	
Student Name	
UFID	
Date of Service	
# Of Hours Completed	
Organization	
Point of Contact Name	
Email Address <i>(if available)</i>	

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

Required Signature:

I approve that this student has completed the listed number of Public Health Experience hours above.

Preceptor/Contact Person Signature

Date