

UF MASTER OF PUBLIC HEALTH PROGRAM

Time Log for Public Health Experience (PHE) Hours

Please include a brief factual report per PHE experience and checkmark the last column if you have received a preceptor/supervisor signature on the factual report.

Student Name:

Date (s)	Hours Worked	Organization	Signature on Factual Report?

I confirm that I attended these Public Health Experiences and completed the hours listed above and that I remain in compliance with the University of Florida Student Conduct and Honor Code.

Student Signature

Date