**MPH PROGRAM**

**DEPARMENT OF HEALTH**

**WEST CHESTER UNIVERSITY**

**HEA649 - APPLIED LEARNING EXPERIENCE I AND HEA650- APPLIED LEARNING EXPERIENCE II**

**PROFESSIONAL PRACTICE ACTIVITIES FORM**

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| **Professional Practice Activities**: Students will be assessed on their professional performance during the implementation and completion  of the Major Project at the agency including relationships to staff, ability to accept guidance from site supervisor and staff, the ability  to relate to agency populations groups, the ability to organize and maintain an effective work schedule along with the ability to relate  theory to practice. Students will be expected to participate in Professional Practice Activities throughout the ALE I and ALE II  semesters. The Professional Practice Activities include: student observation and participation in supervisors and staff work activities,  interacting with clients/patients, attending meetings(agency and coalition meetings) and providing support for agency activities.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The student and site supervisor agree on the student participation in the following Professional Practice Activities. Students will need to  be present at the site to participate in Professional Practice Activities. (Please list the types of activities with the time requirements  needed for student participation during ALE I and ALE II).   |  |  | | --- | --- | | **Type of Professional Practice Activity** | **Student Time Commitment** | | For example: Student attendance in Department Meetings | 1 hour bi-weekly meeting on Fridays |  |  |  | | --- | --- | | **Type of Professional Practice Activity:** | **Student Time Commitment:** | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |

**Signatures**

Agency Site E-Supervisor      Graduate E- Student:

Applied Learning Experience Faculty Advisor:       Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_