

PUBLIC HEALTH: Practicum / Internship Inventory Form

There are two pages to this inventory form; please make sure you complete both in their entirety. When finished, please send this **by email** to Colleen Tarantino (tarantinocm@appstate.edu) along with all other required paperwork. The Experiential Learning Coordinator must approve a practicum site before forwarding student names to the registrar.

It is important that all of the information on this form is accurate. (complete address, supervisor titles, names of people and agencies)

Information needed	Your information
First Name	
Middle name/initial	
Last Name	
Banner ID	
Phone	
GPA	
Emergency contact name	
Relationship	
Emergency contact Phone	
Start date for internship/practicum (this is usually the first day of the semester; however, this date may vary. You do have to be registered before starting internship)	
Projected end date for internship/practicum (this is usually the last day of the semester, or for the summer it is the last date for the second session.)	
Average number of hours to report each week (for example, 25 hours or 40 hours) this is estimated	

Paid or unpaid internship/practicum?	
If paid, give hourly pay rate or stipend amount	
Agency Name	
Agency Address (include zip codes)	
Agency Phone Number	
Preceptor Name	
Preceptor Title and Credentials	
Preceptor Email (required)	
Preceptor Address (only if different from agency address)	
Preceptor Phone Number (only if different from agency phone)	

REVISED 3/10/26