

## APPLIED PRACTICE EXPERIENCE FACTUAL REPORT

Name: \_\_\_\_\_

UFID: \_\_\_\_\_

Please provide the date of the Applied Practice Experience.

\_\_\_\_\_

Please provide the site/organization of the Applied Practice Experience.

\_\_\_\_\_

Please provide the name of the preceptor/contact person (in charge) of this Applied Practice Experience (if applicable).

\_\_\_\_\_

Please provide the email address of the preceptor/contact person (in charge) of this Applied Practice Experience (if applicable).

\_\_\_\_\_

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

How many hours of Applied Practice Experience did you complete during this experience? \_\_\_\_\_

I confirm that I attended this Applied Practical Experience and complete the hours listed, and that I remain in compliance with the University of Florida Student Conduct and Honor Code.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date