

## HSCI 6754 RESIDENCY PLAN

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

Student Email Address: \_\_\_\_\_

Student Phone Number: \_\_\_\_\_

Residency Organization Name: \_\_\_\_\_

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

Preceptor Title: \_\_\_\_\_

Residency Site Address: \_\_\_\_\_

Residency Postal Address: \_\_\_\_\_

Preceptor Phone Number: \_\_\_\_\_

Preceptor Email Address: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Hours And Days Student Will Be At The Site: \_\_\_\_\_

Paid or unpaid \_\_\_\_\_

**DESCRIPTION OF PROJECT TO BE COMPLETED.** (Please **use the amount of space needed** to be clear, concise, and specific with details and dates.)

1. Provide a **brief overview of the scope** of the residency in terms of projects, tasks, role of the site, and role of the student.
2. State the **measurable objectives** (MUST be measurable) **and indicate the related competencies** for the residency that will be accomplished:

Examples:

- a. I will collect data for an action plan with recommended strategies for implementation of "Best Practices" by Sep. 17, 2014. **Competency 5**
- b. I will create and deliver a presentation outlining the action plan by Sep. 17, 2014. **Competency 3**

3. List the **tasks related to competencies** that the student will complete to accomplish the objectives

e.g.

a. Action Plan

Select best practices to be implemented.

Collect data and conduct analysis of potential outcomes.

Consult stakeholders as to possible implementation strategies.

Formulate implementation options.

Create action plan report.

b. Action Plan Presentation

Select most important content from Action Plan report.

Create slideshow with content.

Schedule time/date of presentation.

Deliver presentation.

Obtain feedback as to quality of information & presentation.

4. List the **products** that will be completed by the resident:

e.g.

a. PDF Action Plan

b. Prezi slideshow

Signatures (must be on the page with the information, not as a separate page)

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Preceptor: \_\_\_\_\_

Date: \_\_\_\_\_

Faculty Advisor: \_\_\_\_\_

Date: \_\_\_\_\_