

## Gerontology Certificate Practicum Program Plan

### Student:

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

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone (home): \_\_\_\_\_

Phone (work): \_\_\_\_\_

### Agency:

Supervisors's Name: \_\_\_\_\_

Position & Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Project Objectives:

Timetable: (Estimated start and completion dates, as well as how many hours per week/month and/or what, if any, regular days you plan to work at agency.)

Graduate Paper: (Please identify focus of paper and give a brief outline of content topics. You may use additional paper.)

(This may be submitted by e-mail as an attachment to Liz Kendall [kendalle@umkc.edu](mailto:kendalle@umkc.edu) or in person to the Center on Aging Studies, UMKC, 5215 Rockhill Road, KCMO 64110-2499. You do not need to put this in narrative form, rather use bullets and/or phrases).