

MPH Practicum Equivalent Experience Application
School of Public Health and Health Services
The George Washington University

Instructions:

- This form, including the description of your practicum equivalent experience and your resume, must be ***submitted during the 1st semester of your enrollment.***
- Before you use this application, you **must** have completed at least 3 years of full-time public health experience relevant to your track.
 - Your experience must relate to at least one competency linked to your track's practicum. Competencies are listed on the Practicum website (<http://www.gwumc.edu/sphhs/practicum/>).
 - Your experience **must** have been completed **prior to your matriculation** in the MPH program.
- **Carefully complete** this application and the attached table. Clearly state at least one track-specific competency on the table. For each competency you list, enter the requested information and describe the activities you conducted which are directly related to that competency.
- Submit your completed application and table with your current résumé to your Practicum Director for review.

Student Information:

Name (Last, First) _____ Gwid _____

Department _____

Phone number _____ E-mail _____

Local address (Street, Apt) _____

(City, State, Zip) _____

Date of matriculation (M/Y) _____ Anticipated graduation (M/Y) _____

Public Health Experience:

Degrees completed:¹ _____

Professional certifications:² _____

Total number of years (prior to matriculation) employed full-time in a public health organization or an organization closely related to public health:

¹ BA (enter field), BS (enter field), DVM, EDD, JD, LLM, MD, MLS, MS (enter field), MSN, MSW, NP, PA, PhD (enter field), RN, ScD

² CHES

Student Statement

I request that I be awarded Practicum Equivalent Experience in place of enrolling in the practicum course (PubH 214). I have substantial public health experience relevant to my program, as documented in this application and in the attached table and my attached résumé.

I understand that, should I be awarded PEE, I am still obligated to complete 45 credits to receive my MPH degree.

Student signature _____ Date _____

University Approval

Practicum Director signature _____ Date _____

Academic Advisor signature _____ Date _____

Associate Dean of Student Affairs signature _____ Date _____

PRACTICUM EQUIVALENT EXPERIENCE EXPERIENCE DESCRIPTION

List practicum-linked competencies for your track (copy appropriate ones from the SPHHS website) and describe your relevant, full-time public health experience for each competency you list. Be specific about your major responsibilities and activities that relate to each competency.

Competency 1:

Related Experience:

Description of specific activities that apply:

Start Date (M/Y): _____ End Date (M/Y): _____ Was this a full-time position? __ Yes __ No

Supervisor's Name _____ Supervisor's Title _____

Contact Information: Phone: _____ E-mail: _____

Competency 2:

Related Experience:

Description of specific activities that apply:

Start Date (M/Y): _____ End Date (M/Y): _____ Was this a full-time position? __ Yes __ No

Supervisor's Name _____ Supervisor's Title _____

Contact Information: Phone: _____ E-mail: _____

- You may use additional copies of this sheet for more competencies. Continue numbering competencies from #3.
- If you have more than one qualifying agency for any competency, use a separate page for each agency. Clearly identify which competency(ies) is (are) related to each additional agency.