

**The George Washington University
School of Public Health and Health Services**



Practicum Site Application

Agency/Organization (incl. department, division, etc.): _____

Address: _____

Mailing address, if different from above: _____

Website address: _____

What is the mission statement of your organization and your department/division/unit/etc.:

Please describe any particular population groups you serve: _____

Which of the following describes your organization? (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Educational, Library, and Literacy institutions | <input type="checkbox"/> Private for-profit agency |
| <input type="checkbox"/> Federal government agency | <input type="checkbox"/> Private not-for-profit agency |
| <input type="checkbox"/> Health advocacy/policy | <input type="checkbox"/> Research institution |
| <input type="checkbox"/> Health care facility | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> International agency/organization | |
| <input type="checkbox"/> Local or State government agency | |

What are your organization's primary issues and/or services? (Check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Adolescent health | <input type="checkbox"/> Homeless health |
| <input type="checkbox"/> Aging and senior services | <input type="checkbox"/> Immigrant and refugee health |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Immunizations |
| <input type="checkbox"/> Bioterrorism | <input type="checkbox"/> Infant mortality |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Infectious diseases |
| <input type="checkbox"/> Cardiovascular health | <input type="checkbox"/> Injury/injury prevention |
| <input type="checkbox"/> Child health (pre-adolescent) | <input type="checkbox"/> Interventions (e.g. design, delivery) |
| <input type="checkbox"/> Chronic diseases | <input type="checkbox"/> Long-term care |
| <input type="checkbox"/> Community health | <input type="checkbox"/> Maternal health |
| <input type="checkbox"/> Community organizing | <input type="checkbox"/> Medicare/Medicaid |
| <input type="checkbox"/> Dental health | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Minority health |
| <input type="checkbox"/> Disabilities | <input checked="" type="checkbox"/> Nutrition |
| <input type="checkbox"/> Emergency preparedness and response | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Environmental health | <input type="checkbox"/> Occupational health |
| <input type="checkbox"/> Epidemiological investigation | <input type="checkbox"/> Physical activity and exercise |
| <input type="checkbox"/> Evaluation (e.g. interventions, health services) | <input type="checkbox"/> Population health |
| <input type="checkbox"/> Family health | <input type="checkbox"/> Referral for health services |
| <input type="checkbox"/> Family planning | <input type="checkbox"/> Reproductive/perinatal health |
| <input type="checkbox"/> Family violence | <input checked="" type="checkbox"/> School health |
| <input type="checkbox"/> Gay, lesbian, and transgender health | <input type="checkbox"/> Sexually transmitted diseases/infections |
| <input type="checkbox"/> Global health | <input type="checkbox"/> Social services |
| <input type="checkbox"/> Health communications/marketing | <input type="checkbox"/> Substance use/alcoholism |
| <input type="checkbox"/> Health disparities | <input type="checkbox"/> Surveillance (e.g. disease) |
| <input type="checkbox"/> Health education/outreach | <input type="checkbox"/> Tobacco control |
| <input type="checkbox"/> Health finance | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Health policy | <input type="checkbox"/> Violence/violence prevention |
| <input type="checkbox"/> Health promotion | <input type="checkbox"/> Women's health |
| <input type="checkbox"/> Health regulation | <input type="checkbox"/> Workforce development |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Other (please specify):
_____ |

SPHHS Practicum Director signature _____ Date _____

SPHHS Academic Advisor signature _____ Date _____