

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



Student Profile

Student Information:

Name _____ Gwid _____

Department _____ E-mail _____

Phone number _____ Anticipated graduation _____

Local Address _____

Are you a U.S. Citizen? ____ Yes ____ No

If no, please indicate your country of residence/visa status: _____

Years of relevant public health experience: _____

Practicum Information:

Practicum Status: ____ Searching for site ____ Already have a site

____ May qualify for Practicum Equivalent Experience

When are you available to be on-site? From _____ to _____

*Fill in month and year

Which of the following describes the organizations that you are interested in? (check all that apply):

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

If you would like to do your practicum in an international location, please specify country/countries: _____

Examples of Potential Practicum Opportunities. This lists some of the primary issues and services that students have worked on in the past. However, availability may vary depending on the time you wish to do your practicum. Please choose all of your interests from the following:

- | | |
|---|---|
| <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 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 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): _____ |

Personal and Professional Background:

Past Experiences: Please check any past experiences you may have had through any combination of part-time, full-time, or volunteer positions. Please do not include classroom exercises in this question:

- Assisted in development of health education materials
- Coded or recoded data
- Conducted personal or telephone interview of research participants
- Designed data base
- Designed or helped to design questionnaire or data
- Designed or helped to design a public health intervention
- Experience as health and/or development volunteer in international setting
- Experience working in government agency
- Experience working in policy organization
- Experience working in scientific institution
- Managed data collection
- Medline/PubMed literature searches or other literature search databases
- Participated in community health assessment
- Participated in evaluation of a health intervention
- Participated in health activities while serving in military
- Participated in implementation of a health intervention
- Peace Corps volunteer
- Performed data entry/data cleaning
- Performed laboratory work
- Performed teaching/training
- Presented research findings in either poster or talk at scientific meetings
- Worked with large data bases/data sets
- Wrote or assisted in grant/proposal writing
- Wrote or assisted in writing and submission of a scientific abstract or manuscript
- Wrote or assisted in the writing of other health related reports
- Other: _____

Please describe your computer skills (in and out of the classroom):

Program/Application	Don't Use	Basic Skills	Advanced Skills
GIS			
Microsoft Access			
Microsoft Excel			
Microsoft PowerPoint			
Microsoft Publisher			
Microsoft Word			
SAS			
SPSS			
STATA			
Other (specify):			

Do you have any of the following?

- Language skills?
- o Language _____ Written: _____ Oral: _____
- Clinical degree? If so, what _____
- Clinical license? If so, what _____
- Law degree? (check yes/no)

Attachments:

- Student will upload resume online