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**DrPH Practicum Proposal**

**Colorado School of Public Health – CU Anschutz Campus**

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| --- |
| STUDENT NAME |
|  |
| FOCUS AREA/ADVISOR |
|  |
| HOST SITE |
|  |
| PRECEPTOR NAME |
|  |
| SEMESTER/YEAR/PLACEMENT PERIOD |
|  |

**IMPORTANT: Additional Form Requirement (**[**page**](#_Summer_2020) **14)**

**DrPH Practicum Proposal Checklist**

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| --- | --- | --- | --- | --- |
| Student Name and Email |  |  | Date |  |
| **IMPORTANT: Packet must be completed and submitted PRIOR to 1) registration for the course and** **2) documenting any practicum hours at the host site.***\*All documents must be typed. When complete, the document may be scanned and sent to* *ColoradoSPH.Practicum@cuanschutz.edu* |
| ***TO BE ELIGIBLE FOR THE PRACTICUM COURSE YOU MUST:*** |
|  | Meet with Practicum Director to discuss the practicum experience and requirements  |
|  | Meet with Advisor and Preceptor to determine and define practicum experience  |
|  | Provide Preceptor a copy of your resume, the Preceptor Information Packet and completed Practicum Proposal |
|  | Complete Learning Plan (Sections 1-4) |
|  | Complete Placement Agreement with your Preceptor |
|  | Obtain appropriate signatures (Faculty Advisor, Preceptor, Student and Practicum Director) |
|  | Provide Preceptor and Faculty Advisor a final copy of this packet including signatures |
|  | Keep a copy of the signed packet. You will need the Learning Plan sections of this document for your three evaluation meetings during your practicum. |
|  | **Complete** online **HIPAA** and **Human Subjects Research** course, **save** a copy of your certificate (or a screen shot of completion page) |
|  | Include an updated copy of your **resume/CV** with your final proposal |
|  | **Submit** completed **Practicum Proposal** packet to: ColoradoSPH.Practicum@cuanschtuz.edu  |
|  | Receive **registration code** from the Practicum Coordinator and register online for PUBH 6850 DrPH Practicum Course. Be sure to register for the correct number of credit hours (2 credit hours/semester is typical). |
|  | INTERNATIONAL STUDENTS: Work with Amy Bello Amy.Bello@cuanschutz.edu for the necessary approvals and revision to I-20 |
|  | INTERNATIONAL PRACTICUM: If the practicum experience will be completed internationally, the student must gain approval from the **UCD Global Education Office** and provide documentation of approval. There are additional requirements for completing a practicum abroad. Students should contact ColoradoSPH.Practicum@cuanschutz.edu for more information. |
| **OTHER REQUIREMENTS: Some host sites may require students to complete a background check, additional immunizations, drug testing, training, etc. Students are responsible for fulfilling the additional host site requirements and paying the associated costs.**  |

**DrPH Practicum Learning Plan**

**Practicum Requirements**

* All DrPH students are required to complete a four-credit hour DrPH Practicum course (≥ 240 contact hours). The course is designed to be completed over two semesters (2 credits/semester).
* Students must complete at least one project during the practicum.
* Students will create at least one deliverable from the project that demonstrates a depth of competency attainment.
* The practicum must be mutually beneficial to both the student and the host site.
* The DrPH practicum must incorporate higher-level skills (strategic planning, policy development, epidemiologic analyses, etc.) compared to the MPH practicum experience, although the settings may be similar.
* Students must have completed at least one year of course work (preferably two years) prior to registering for the DrPH practicum. Students are encouraged to complete the leadership and management courses before undertaking practicum.
* The student, faculty advisor and community preceptor will develop project goals and objectives that are appropriate for each individual DrPH student’s academic and career goals.
* The practicum should focus on the practice of advanced skills and knowledge.
* Host sites, and the proposed practicum, should meet the school’s requirements for an appropriate public health practice experience. Examples of appropriate practicum sites include, but are not limited to, federal public health agencies, (i.e., the CDC, HRSA, and NIH), state and local health departments, community-based organizations, non-profit organizations, private industry, community hospitals, and other organizations involved in public health work.
* The community preceptor should have completed advanced-level academic training and have a degree beyond the master’s level, and/or should be someone with demonstrated leadership and management experience in public health practice.
* Each student should discuss the proposed practicum project, in detail, with his/her advisor and submit an application to COMIRB, if needed. All practicum projects must be compliant with IRB requirements. Please note the IRB approval process may significantly extend the time needed to prepare for a practicum.
* The DrPH Practicum must allow the student to demonstrate a depth of competency attainment of five competencies. CEPH foundational DrPH competency #5 (listed below) must be selected as one of the five competencies. Furthermore, one additional competency from the Leadership, Management and Governance domain must be selected. The remaining three competencies addressed can be foundational or focus area specific. Students will select their practicum competencies in consultation with their academic advisor. Competencies can be found here: <https://coloradosph.cuanschutz.edu/docs/librariesprovider151/default-document-library/competencies-for-all-mph-graduates.pdf?sfvrsn=7c3efbb9_0>.

Students must complete the entire learning plan, including required signatures on the last page.

Section I: Student Information

Section II: Description of the DrPH Practicum

Section III: Selected Competencies

Section IV: Practicum Activities, Competencies Demonstrated & Related Products

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| --- |
| **Section I: Student Information** |
|  |  |  |  |
| [Last Name] | [First Name] | [Middle Name] | [Date] |
|  |  |  |
| [Local Address] | [Phone] | [Email] |
|  |  |  |
| [ColoradoSPH/UCDenver ID] | [Degree/Focus Area] | [Faculty Advisor] |

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| **Section II: Description of the DrPH Practicum** |
|  |  |  |  |
| [Site name] | [Preceptor name and title] | [Dates] | [Estimated number of hours] |
| [Describe your practicum experience]  |

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| **Section III: Selected Competencies** |
| Select the competencies you will demonstrate during your practicum. These competencies must each be demonstrated, in depth, in your final deliverable(s). You will need to meet and demonstrate all components of the competencies selected.Students must demonstrate at least five competencies during their practicum. CEPH foundational competency #5 must be selected as one of the five competencies. Furthermore, one additional competency from the Leadership, Management and Governance domain must be selected. The remaining three competencies addressed can be foundational or focus area specific. Students will select their practicum competencies in consultation with their academic advisor. Competencies can be found here: <https://coloradosph.cuanschutz.edu/docs/librariesprovider151/default-document-library/competencies-for-all-mph-graduates.pdf?sfvrsn=7c3efbb9_0>. |
|  | **Foundational Competencies** (Leadership, Management and Governance Domain) |
| 1 | 5. Communicate public health science to diverse stakeholders, including individuals at all levels of health literacy, for purposes of influencing behavior and policies |
| 2 |  |
|  |
|  | **Additional Competencies** (Foundational or Focus Area) |
| 3 |  |
| 4 |  |
| 5 |  |

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| --- | --- |
|  | **Section IV: Practicum Activities, Competencies Demonstrated & Related Products**Students must complete the following five tables. |
| **Foundational Competency: #5 - Communicate public health science to diverse stakeholders, including individuals at all levels of health literacy, for purposes of influencing behavior and policies** |
|  |
| **Activity(ies)** | **Product(s)/Deliverable(s)****How will this competency be demonstrated?** | **Approval** (initials/sign off) |
|  |  | **First Evaluation**  (~ 40 hours)Preceptor \_\_\_\_\_Advisor \_\_\_\_\_Student \_\_\_\_\_ |
| **Midpoint Evaluation**  (~ 120 hours)Preceptor \_\_\_\_\_Advisor \_\_\_\_\_Student \_\_\_\_\_ |
| **Final Evaluation** (~ 240 hours)Preceptor \_\_\_\_\_Advisor \_\_\_\_\_Student \_\_\_\_\_ |

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| **Foundational Competency 2** (Leadership, Management and Governance Domain)**:** |
|  |
| **Activity(ies)** | **Product(s)/Deliverable(s)****How will this competency be demonstrated?** | **Approval** (initials/sign off) |
|  |  | **First Evaluation** (~ 40 hours)Preceptor \_\_\_\_\_Advisor \_\_\_\_\_Student \_\_\_\_\_ |
| **Midpoint Evaluation** (~ 120 hours)Preceptor \_\_\_\_\_Advisor \_\_\_\_\_Student \_\_\_\_\_ |
| **Final Evaluation** (~ 240 hours)Preceptor \_\_\_\_\_Advisor \_\_\_\_\_Student \_\_\_\_\_ |

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| **Competency 3:**  |
|  |
| **Activity(ies)** | **Product(s)/Deliverable(s)****How will this competency be demonstrated?** | **Approval** (initials/sign off) |
|  |  | **First Evaluation**  (~ 40 hours)Preceptor \_\_\_\_\_Advisor \_\_\_\_\_Student \_\_\_\_\_ |
| **Midpoint Evaluation** (~ 120 hours)Preceptor \_\_\_\_\_Advisor \_\_\_\_\_Student \_\_\_\_\_ |
| **Final Evaluation** (~ 240 hours)Preceptor \_\_\_\_\_Advisor \_\_\_\_\_Student \_\_\_\_\_ |

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| **Competency 4:**  |
|  |
| **Activity(ies)** | **Product(s)/Deliverable(s)****How will this competency be demonstrated?** | **Approval** (initials/sign off) |
|  |  | **First Evaluation**  (~ 40 hours)Preceptor \_\_\_\_\_Advisor \_\_\_\_\_Student \_\_\_\_\_ |
| **Midpoint Evaluation** (~ 120 hours)Preceptor \_\_\_\_\_Advisor \_\_\_\_\_Student \_\_\_\_\_ |
| **Final Evaluation** (~ 240 hours)Preceptor \_\_\_\_\_Advisor \_\_\_\_\_Student \_\_\_\_\_ |

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| **Competency 5:**  |
|  |
| **Activity(ies)** | **Product(s)/Deliverable(s)****How will this competency be demonstrated?** | **Approval** (initials/sign off) |
|  |  | **First Evaluation**  (~ 40 hours)Preceptor \_\_\_\_\_Advisor \_\_\_\_\_Student \_\_\_\_\_ |
| **Midpoint Evaluation** (~ 120 hours)Preceptor \_\_\_\_\_Advisor \_\_\_\_\_Student \_\_\_\_\_ |
| **Final Evaluation** (~ 240 hours)Preceptor \_\_\_\_\_Advisor \_\_\_\_\_Student \_\_\_\_\_ |

**DrPH Practicum Placement Agreement**

**(Completed by the Student)**

|  |  |
| --- | --- |
| **Student Information**  |  |
| Student Name |  |
| Student Address |  |
| Student Telephone |  |
| Student Email |  |
| DrPH Focus Area |  |
| Faculty Advisor |  |
| Emergency Contact |  |

|  |  |
| --- | --- |
| **Preceptor Information** |  |
| Preceptor Site |  |
| Preceptor Name & Title |  |
| Preceptor Site Address |  |
| Preceptor Telephone |  |
| Preceptor Email |  |

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| --- |
| **Practicum Description (Provide a brief summary to match the learning plan).** |
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|  |
| **Describe your leadership role in the project.** |
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|  |
| **What knowledge, skills and experiences do you expect to gain from participation in the project?** |
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|  |
|  |
| **How will the student be oriented to the organization and the project?** |
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|  |
| **What is the plan for regular meetings between the student and preceptor, and student and advisor to review progress on projects and provide feedback on the student’s performance?** |
|  |
|  |
| **What is the dress code for the student?** |
|  |

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| **Period of Practicum experience:** |
| Beginning date |  | Completion date |  |
|  |  |  |  |
|  |  |  |  |
| **Schedule of work:** |
| Number of hours per week |  | Days per week |  |
|  |  |  |  |
| Number of total hours anticipated (240 hours minimum) |  |
|  |  |
|  |  |
| **Describe resources to be made available to the student to support work on project** |
| * Workspace
* Access to equipment
* Administrative support
 | * Access to data, if appropriate
* Other (ID Badge, Orientation, Special Training)
 |
|  |
|  |
| Compensation (if any) |  | Paid Employee |
|  |  | Experience only, no pay |
|  |  | Other (please describe) |
|  |  |  |
|  |  |  |

**DrPH Practicum Additional Requirements**

**Online Certifications**

As a requirement of the DrPH Practicum course and completion of this packet, you must complete the following (if you have not already):

1. Online HIPAA and Human Subjects Research Course (see instructions below)

**REGISTRATION for CITI Health Information Privacy and Security (HIPS) for Students and Instructors**

**Group 2 Social and Behavioral Research**

**\*Keep in mind, this online training could take over an hour to complete. Please plan accordingly.**

**\*\*When asked for a POI or Employer ID – you may use your student ID number; you do NOT need to apply for a POI.**

* Visit  [www.citiprogram.org](http://www.citiprogram.org/)
* On home page, click under Create an account  "**Register**”
* Under “Select your Organization Affiliation” type University of Colorado Denver
	+ Fill in the rest under step 2 (Personal Info) as it applies to you
* Under “Create your Username and Password,” register with a new username and new password. **Create your own: do not use the same ones you used for the CITI Basic Course (if you took it)**
* Country of Residence
* Information regarding Continuing Education Credits
* Proceed to fill out the personal information needed
* Human Subjects - Choose Group 2: Social and Behavioral Research
* HIPS – CITI Health Information Privacy and Security for Students and Instructors
* IRB Chair course – Not required
* Responsible Conduct of Research – Not required
* Conflict of Interest – Not required
* Research with Animals? - complete the questions
* US Export Controls – complete the questions
* Biosafety/Biosecurity – Not required
* Registration Complete
* Take the courses and take a screen shot of your completed certificate
* \*Complete **CITI Health Information Privacy and Security (HIPS) for Students and Instructors**or **Group 2 Social and Behavioral Research**in any order you choose

For both trainings, you should save a pdf of the certificate of completion. If you are not able to save the certificate of completion, please copy and paste a screen shot showing successful completion of the trainings. Know that we do not expect you to pay for a certificate.

**COVID-19 Practicum and Capstone Site Approval Form**

Instructions: The Colorado School of Public Health prioritizes the health and safety of our students. Given the current COVID-19 pandemic, we are requiring the following document be signed by preceptors as a part of the practicum or capstone application process.

Please read the following statement, sign and fill-in the information requested. If you have any questions, please contact Mary K. Dinger, PhD, Faculty Director of Practice-based Learning (mary.dinger@cuanschutz.edu).

I verify that our agency will comply with state and/or local social distancing requirements or recommendations during the tenure of this student’s practicum or capstone work at our site. In the event these requirements require closing access to the site, we will work with the student to ensure they can complete their course requirements remotely in a timely fashion. Furthermore, the practicum or capstone student will be considered “non-essential personnel” and will not be required to physically report to the site if access to the site is not possible due to state and/or local social distancing requirements or recommendations.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preceptor Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preceptor Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preceptor Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site/Agency

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature

**DrPH Practicum Proposal**

**Colorado School of Public Health – CU Anschutz Campus**

**APPROVAL SIGNATURES**

**(Multiple signature pages may be submitted)**

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| --- |
| PRINT STUDENT NAME |
|  |
| STUDENT SIGNATURE |
|  |
| FACULTY ADVISOR SIGNATURE |
|  |
| PRECEPTOR SIGNATURE |
|  |
| DrPH PRACTICUM DIRECTOR |
|  |
|  |