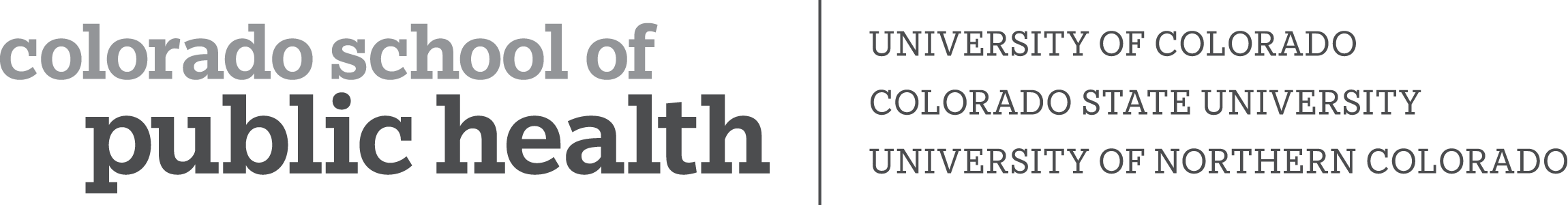
****

**Master of Public Health**

**Practicum Proposal**

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

|  |
| --- |
| STUDENT NAME |
|  |
| CONCENTRATION/ADVISOR |
|  |
| HOST SITE |
|  |
| PRECEPTOR NAME |
|  |
| SEMESTER/YEAR |
|  |

**IMPORTANT: Additional COVID Forms Required (**[**see pg. 15**](#_Summer_2020)**)**

**MPH Practicum Proposal Checklist**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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*](mailto:ColoradoSPH.Practicum@cuanschutz.edu) | | | | | | |
| ***TO BE ELIGIBLE FOR THE PRACTICUM COURSE YOU MUST:*** | | | | | | |
|  | Understand the practicum experience and requirements you may do this by attending a Practicum Information Session and/or meet with a Practicum Coordinator(s) **PRIOR** to meeting with host sites/preceptors | | | | | |
|  | Meet with Host Site and Preceptor to determine and define practicum experience (see practicum requirements on the next page) | | | | | |
|  |  | Provide a description of the interprofessional experience (IPE)\* or a plan that allows the student to complete the required IPE experience during their practicum (provided in the Placement Agreement) | | | | |
|  | Provide Preceptor a copy of your resume, the Preceptor Information Packet and completed Practicum Proposal | | | | | |
|  | Complete Learning Plan (Sections 1-5) | | | | | |
|  | Complete Placement Agreement with your Preceptor | | | | | |
|  | Obtain appropriate signatures (Faculty Advisor, Preceptor and Student) | | | | | |
|  |  | Including Section 5 of the Learning Plan which requires your advisor/preceptor to sign off on the activities/products you plan to complete | | | | |
|  | Provide Preceptor and Faculty Advisor a final copy of this packet including signatures | | | | | |
|  | Keep a copy of this packet including signatures | | | | | |
|  | Complete online HIPAA and Human Subjects Research CITI courses (see page 14), save a copy of your certificates (or a screen shot of completion page) for submission with you final proposal | | | | | |
|  | Include an updated copy of your resume with your final proposal | | | | | |
|  | Submit completed Practicum Proposal, CITI certificates and resume to: [ColoradoSPH.Practicum@cuanschutz.edu](mailto:ColoradoSPH.Practicum@cuanschutz.edu) | | | | | |
|  | Receive registration code from the Practicum Coordinator and register online for PUBH 6606 MPH Practicum Course (you will receive the code via email after your proposal has been reviewed and approved) | | | | | |
|  | INTERNATIONAL STUDENTS: Work with Amy Bello [Amy.Bello@ucdenver.edu](mailto:Amy.Bello@ucdenver.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](mailto: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.** | | | | | | |
| \*Interprofessional education (IPE) occurs when people from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes. This refers to engagement with professionals outside of public health (e.g. architects, nurses) rather than to engagement with individuals from other public health disciplines (e.g. biostatisticians, health promotion specialists) | | | | | | |

**MPH Practicum Learning Plan**

**Practicum Requirements**

* The MPH Practicum must take place in a governmental, non-governmental, non-profit, industrial, or for-profit setting. A practicum conducted in a university-affiliated setting will only be approved if the primary focus is on community engagement, typically with external partners. *University-affiliated settings will be approved on a case-by-case basis by the practicum director/coordinator.*
* The MPH Practicum must be mutually beneficial to both the student and the host site.
* The MPH Practicum must allow the student to demonstrate attainment of five competencies, three of which must be CEPH foundational competencies that can be found here: <https://coloradosph.cuanschutz.edu/docs/librariesprovider151/default-document-library/competencies-for-all-mph-graduates.pdf?sfvrsn=7c3efbb9_0>. The student will submit a product portfolio that will be used to assess attainment of all selected competencies.

* Competencies for the MPH Practicum should be selected in collaboration with your academic advisor. CEPH foundational competencies and concentration specific competencies are available using the link above.
* **Interprofessional education\* is a requirement of the practicum course**; therefore, all students will select CEPH foundational competency #21 as one of the three foundational competencies addressed during their practicum.
* Each student must complete at least 120 hours of public health fieldwork during the practicum.

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

Section I: Student Information

Section II: Description of the MPH Practicum

Section III: Selected Competencies

Section IV: Learning Plan Table Example

Section V: Practicum Activities, Competencies Demonstrated & Related Products

\*Interprofessional education occurs when people from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes. This refers to engagement with professionals outside of public health (e.g. architects, nurses) rather than to engagement with individuals from other public health disciplines (e.g. biostatisticians, health promotion specialists).

|  |  |  |  |
| --- | --- | --- | --- |
| **Section I: Student Information** | | | |
|  |  |  |  |
| [Last Name] | [First Name] | [Middle Name] | [Date] |
|  |  |  | |
| [ColoradoSPH/UCDenver ID] | [Degree, Dual Degree or Program] | [Concentration(s)] | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section II: Description of the MPH Practicum** | | | | |
|  |  |  |  | |
| [Site name] | [Preceptor name and title] | [Dates] | [Estimated number of hours] | |
| [Briefly describe your practicum experience] | | | | |
| Is the host site a governmental, non-governmental, non-profit, industrial, or for-profit setting? | | | Yes | No |
| Is the host site affiliated with ColoradoSPH, CU, CSU, UNC or some other university?  *If yes, the practicum must be primarily focused on community engagement, with at least half of the time (≥ 60 hours) being spent on work completed for a community agency or community engagement. University-affiliated settings will be approved on a case-by-case basis by the practicum director/coordinator.* | | | Yes | No |
| If yes, the host site is affiliated with a university, describe the community engagement focus of your practicum here. | | | |  |

|  |  |
| --- | --- |
| **Section III: Selected Competencies** | |
| Select the competencies you will demonstrate during your practicum. These competencies must each be demonstrated, in full, in your final portfolio products. You will need to meet and demonstrate all components of the competencies selected.  The first three competencies must be CEPH foundational competencies (<https://coloradosph.cuanschutz.edu/docs/librariesprovider151/default-document-library/competencies-for-all-mph-graduates.pdf?sfvrsn=7c3efbb9_0>). All students will fulfill the requirements for interprofessional experience (IPE) during their practicum and should include competency #21 among their three foundational competencies.  The additional two competencies can be either foundational competencies or concentration competencies. | |
|  | **Foundational Competencies** |
| 1 | 21. Perform effectively on interprofessional teams |
| 2 |  |
| 3 |  |
|  | |
|  | **Additional Competencies (Foundational or Concentration)** |
| 4 |  |
| 5 |  |

**Section IV: Learning Plan Table Example**

|  |  |  |  |
| --- | --- | --- | --- |
| **Foundational Competency: #19 - Communicate audience-appropriate public health content, both in writing and through oral presentation** | | | |
|  | | | |
| **Activity(ies)** | **Product(s)** | **Prep/Steps**  (How am I prepared to do this work? Do I already possess the necessary skills? Will I be trained during my practicum?) | **Approval** (initials/sign off) |
| Develop an infographic on smoking and mental health and present information at a staff meeting | Infographic using the findings from my data analyses of community health survey data and focus group data to inform the content  Creation and dissemination of information during a monthly staff meeting. The infographic will be presented along with a summary of the findings of my data analyses during an all staff meeting | Review already developed infographics to familiarize myself with ways to organize and communicate information to the target audience. I have experience using online infographic tools such as Piktochart. Additionally, there several step-by-step videos that I can watch to familiarize myself with online tools if necessary.  **EXAMPLE**  I will also be working with the communications and marketing team who will have expertise and strategies to best display the information for the intended audience, they may already have a template or suggested tool I can use to create the infographic. | **Initial approval** (prior to practicum start)  Preceptor \_\_\_\_\_  Advisor \_\_\_\_\_ |
| Note: if materials generated for host site were insufficient to meet portfolio requirements, the advisor may assign additional products for the student to demonstrate competency attainment. | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Section V: Practicum Activities, Competencies Demonstrated & Related Products**  Students must complete the following five tables. | | | | |
| **Foundational Competency 1: #21 - Perform effectively on interprofessional teams** | | | | | |
| **Interprofessional Education Experience (IPE)**  Interprofessional education (IPE) occurs when people from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes. This refers to engagement with professionals outside of public health (e.g. architects, nurses) rather than to engagement with individuals from other public health disciplines (e.g. biostatisticians, health promotion specialists). | | | | | |
| **Brief description of planned interprofessional experience:** | | | | | |
|  | | | | | |
| **Name, Title and Agency of other professional, if available** (identify one professional you will work with to fulfill this requirement, this person will complete a brief evaluation at the end of the IPE experience)**:** | | | **Number of contact hours (minimum of 6 contact hours required):** *Contact hours may include in person and/or video conferencing and should involve collaboration and problem solving. Preparation time for the in person/video conference meetings does not count toward the contact hours.* | | |
|  | | |
|  | | | | | |
| **Activity(ies)** | | **Product(s)** | | **Prep/Steps**  (How am I prepared to do this work? Do I already possess the necessary skills? Will I be trained during my practicum?) | **Approval** (initials/sign off) |
|  | |  | |  | **Initial approval** (prior to practicum start)  Preceptor \_\_\_\_\_  Advisor \_\_\_\_\_\_\_\_ |
| Note: if materials generated for host site were insufficient to meet portfolio requirements, the advisor may assign additional products for the student to demonstrate competency attainment. | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Foundational Competency 2:** | | | |
|  | | | |
| **Activity(ies)** | **Product(s)** | **Prep/Steps**  (How am I prepared to do this work? Do I already possess the necessary skills? Will I be trained during my practicum?) | **Approval** (initials/sign off) |
|  |  |  | **Initial approval** (prior to practicum start)  Preceptor \_\_\_\_\_  Advisor \_\_\_\_\_ |
| Note: if materials generated for host site were insufficient to meet portfolio requirements, the advisor may assign additional products for the student to demonstrate competency attainment. | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Foundational Competency 3:** | | | |
|  | | | |
| **Activity(ies)** | **Product(s)** | **Prep/Steps**  (How am I prepared to do this work? Do I already possess the necessary skills? Will I be trained during my practicum?) | **Approval** (initials/sign off) |
|  |  |  | **Initial approval** (prior to practicum start)  Preceptor \_\_\_\_\_  Advisor \_\_\_\_\_ |
| Note: if materials generated for host site were insufficient to meet portfolio requirements, the advisor may assign additional products for the student to demonstrate competency attainment. | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Competency 4:** | | | |
|  | | | |
| **Activity(ies)** | **Product(s)** | **Prep/Steps**  (How am I prepared to do this work? Do I already possess the necessary skills? Will I be trained during my practicum?) | **Approval** (initials/sign off) |
|  |  |  | **Initial approval** (prior to practicum start)  Preceptor \_\_\_\_\_  Advisor \_\_\_\_\_ |
| Note: if materials generated for host site were insufficient to meet portfolio requirements, the advisor may assign additional products for the student to demonstrate competency attainment. | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Competency 5:** | | | |
|  | | | |
| **Activity(ies)** | **Product(s)** | **Prep/Steps**  (How am I prepared to do this work? Do I already possess the necessary skills? Will I be trained during my practicum?) | **Approval** (initials/sign off) |
|  |  |  | **Initial approval** (prior to practicum start)  Preceptor \_\_\_\_\_  Advisor \_\_\_\_\_ |
| Note: if materials generated for host site were insufficient to meet portfolio requirements, the advisor may assign additional products for the student to demonstrate competency attainment. | | | |

**MPH Practicum Placement Agreement**

**(Completed by the Student)**

|  |  |
| --- | --- |
| **Student Information** |  |
| Student Name |  |
| Student Address |  |
| Student Telephone |  |
| Student Email |  |
| MPH Concentration |  |
| Faculty Advisor |  |
| Emergency Contact |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Preceptor Information** |  | | |
| Preceptor Site |  | | |
| Preceptor Name & Title |  | | |
| Preceptor Site Address |  | | |
| Preceptor Telephone |  | | |
| Preceptor Email |  | | |
| Preceptor is a Colorado School of Public Health alum | | Yes | No |

|  |
| --- |
| **Practicum Experience Description (Provide a brief summary to match the learning plan).** |
|  |
|  |
| **Describe the student’s role and expectations** |
|  |
|  |
| **How will the student be oriented to the organization and the project?** |
|  |
| As of January 2019, the school’s accrediting body requires all ColoradoSPH students to engage with one or more non-public health professionals to satisfy a 6-hour minimum interprofessional education (IPE) experience during their practicum. Interprofessional education occurs when people from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes. This refers to engagement with professionals outside of public health (e.g. architects, nurses) rather than to engagement with individuals from other public health disciplines (e.g. biostatisticians, health promotion specialists). |
|  |
| **Below, please describe the plan that will allow the student to complete the required IPE experience during their practicum.** |
|  |
|  |
| **What is the plan for regular meetings between the student and preceptor to review progress on projects and provide feedback on the student’s performance?** |
|  |
|  |
| **What is the dress code for the student?** |
|  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Period of Practicum experience:** | | | | | | | |
| Beginning date |  | | | | | Completion date |  |
|  |  | | | | |  |  |
|  |  | | | | |  |  |
| **Schedule of work:** | | | | | | | |
| Number of hours per week | | |  | | | Days per week |  |
|  | | |  | | |  |  |
| Number of total hours anticipated | | | | | | |  |
|  | | | | | | |  |
|  | | | | | | |  |
| **Describe resources to be made available to the student to support work on project** | | | | | | | |
| * Work space * 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) | | | |
|  | |  | |  | | | |
|  | |  | |  | | | |

**MPH Practicum Additional Requirements**

**Online Certifications**

As a requirement of the MPH Practicum course and completion of this packet, you must complete the following:

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 both of the following CITI courses:

1. Health Information Privacy and Security (HIPS) for Students and Instructors
2. Group 2 Social and Behavioral Research

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**

**Preceptor 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 completed and signed by preceptors as a part of the practicum or capstone application process. Please read the following information, answer the questions, and sign. If you have any questions, please contact Mary K. Dinger, PhD, Faculty Director of Practice-based Learning ([mary.dinger@cuanschutz.edu](mailto:mary.dinger@cuanschutz.edu)).

1. To better ensure the safety of students and others during this pandemic, we as a School of Public Health, strongly encourage students to engage in practicum and capstone activities remotely versus in-person. Will this student be engaging in activities **remotely**? Yes No

If you answered yes, please know that the student will be asked to notify the course instructor and obtain approval from the Associate Dean for Academic and Student Affairs regarding any changes from remote to in-person practicum or capstone activities.

**Please answer the questions below if the student will be in-person for practicum or capstone activities.**

1. Our agency will comply with all state and local public health orders and recommendations during the tenure of this student’s **in-person** practicum or capstone activities at our site. Yes No

If you answered no, please briefly explain:

1. Our facility has a protocol in place to reduce exposure to COVID-19 by requiring face coverings on all clients, staff, and/or students: Yes No

If you answered no, please briefly explain:

1. Our facility has a response plan in place in the event that a potential exposure to COVID-19 occurs involving clients, staff, and/or students: Yes No

If you answered no, please briefly explain:

vvvvvvvv

1. Infection control and decontamination processes are in place to mitigate spread of COVID-19 at our facility:

Yes No

If you answered no, please briefly explain:

vvvvvvvv

vvvvvvvv

1. Physical space in our facility is adequate to host students while still maintaining safe social distancing:

Yes No

If you answered no, please briefly explain:

vvvvvvvv

vvvvvvvv

1. During the pandemic, CU Anschutz has strict policies for students regarding off-campus school-related educational activities and travel, which includes practicum or capstone (even if travel is funded by a government grant, foundation, company, or other university). Exceptions are given for practicum or capstone educational activities and travel to a preceptor site however, any activities or travel beyond the preceptor site to other communities/sites will only be considered in extraordinary cases. Exceptions will require the approval of the ColoradoSPH Associate Dean for Academic and Student Affairs. For additional information regarding educational activities or travel considerations outside of the preceptor site, please contact the instructor. **Will the student be asked or required to engage in activities/travel outside of your facility/site?** Yes No

**If yes**, please provide the student and course instructor a detailed plan of educational activities or travel away from the preceptor site (including specific days and locations for these activities). This plan will need to be approved by the ColoradoSPH Associate Dean for Academic and Student Affairs.

**If no**, please know that the student will be asked to notify the course instructor and obtain approval from the Associate Dean for Academic and Student Affairs regarding any changes in location or travel (beyond the preceptor site) for in-person practicum or capstone activities.

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1. I agree that 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 public health orders: Yes No

If you answered no, please briefly explain:

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

Preceptor Printed Name Preceptor Title

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

Preceptor Signature Site/Agency

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

Date

**COVID-19 Practicum and Capstone**

**Student 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 completed and signed by students as a part of the practicum or capstone application process. Please read the following statement, answer the questions, and sign. If you have any questions, please contact Mary K. Dinger, PhD, Faculty Director of Practice-based Learning ([mary.dinger@cuanschutz.edu](mailto:mary.dinger@cuanschutz.edu)).

Recognizing that Colorado School of Public health students may need to engage in **public health practice activities (e.g., any in-person engagements with community partners; facility or site visits) occurring off-campus**, the information that follows addresses the clearance process and rules to be followed to ensure student safety and health during the COVID-19 pandemic.

Please note that if at any time you as a student are concerned that public health practicum or capstone activities may place you or others at increased risk of contracting COVID-19, please discuss these concerns with your preceptor and instructor (including possible accommodations and alternatives). If you are on-site actively engaged in public health activities for your practicum or capstone and become concerned that you or others are at increased risk of contracting COVID-19, remove yourself immediately from the situation and discuss with your preceptor and instructor. To better ensure the safety of students and others during this pandemic, we as a School of Public Health, strongly encourage students to engage in practicum and capstone activities remotely versus in-person.

1. Will you be engaging in practicum or capstone-related activities **remotely for your preceptor site**?

Yes No

If you answered yes, you agree to notify the course instructor and obtain approval from the Associate Dean for Academic and Student Affairs regarding any changes from remote to in-person practicum or capstone activities. I agree I do not agree

1. I will also comply with all CU Anschutz and the Colorado School of Public Health regulations and procedures to protect myself, our School, our campus, and our community. Yes No

**CU Anschutz regulations and procedures include:**

* **For in-person practicum and capstone activities on the CU Anschutz campus AND in the community:** Completing the CU Anschutz attestation form (<https://covidcheckpoint.cuanschutz.edu/>) and check-in (on-campus only) each day; **For students going into the community, use steps 1-3 below for completing the form.**
  1. Choose **University login (Faculty, Staff, Students)** and begin answering the questions.
  2. For the question, ***What is your planned check-in location?* -** select **Campus Services**.
  3. For the question, ***What CU Anschutz owned or leased building are you going to AS YOUR PRIMARY SITE LOCATION TODAY?*** – select **Off-Campus Location**.
* Submitting the CU Anschutz self-report form if I experience COVID-19 symptoms, are awaiting test results, or believe I may have been exposed (<https://ucdenverdata.formstack.com/forms/covid_form_copy>)
* Obtaining a COVID-19 test if I believe I may have been exposed ([Colorado community testing sites](https://cdphe.maps.arcgis.com/apps/PublicInformation/index.html?appid=7da93ffdaf954ef5ab5d74ab22dcbd4e));
* Adherence to CU Anschutz requirements for quarantine (<https://covid19.colorado.gov/how-to-quarantine>) or isolation (<https://covid19.colorado.gov/how-to-isolate>) in the event of documented exposure or suspicion/evidence of disease
* Contacting my preceptor and course instructor to communicate that I may have been exposed.
* Full cooperation with contact tracing efforts conducted by CU Anschutz, State/Local Public Health, or CDC

**Please answer the questions below if you will be in-person for practicum or capstone activities.**

1. I will comply with all state and local public health orders and recommendations during the tenure of my **in-person** practicum or capstone activities at the preceptor site. These include use of mask wearing, physical distancing, daily health checks, self-reporting, participation in contract tracing, frequent hand washing and/or sanitizing, and staying home when sick. Yes No

If you answered no, please briefly explain:

1. I have obtained documentation or verbal clarification of COVID-19 protocols (mask use; decontamination of facility; social distancing; potential COVID-19 exposure) for my preceptor site: Yes No

If you answered no, please briefly explain:

vvvvvvvv

1. During the pandemic, CU Anschutz has strict policies for students regarding off-campus school-related activities and travel, which includes practicum or capstone (even if travel is funded by a government grant, foundation, company, or other university). Exceptions are given for practicum or capstone educational activities and travel to a preceptor site however, any activities or travel beyond the preceptor site to other communities/sites will only be considered in extraordinary cases. Exceptions will require the approval of the ColoradoSPH Associate Dean for Academic and Student Affairs and will only be considered if a detailed plan of educational activities or travel away from the preceptor site (including specific days and locations for these activities) is provided to the course instructor. Please contact your instructor with any questions. **I understand the above information and will discuss with my preceptor and instructor and obtain approval for any activities or travel that extend beyond my preceptor site:** Yes No

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**PLEASE NOTE:** Adherence to all state, local, and CU Anschutz requirements and guidelines related to COVID-19 prevention is considered an aspect of Professional Conduct addressed in the ColoradoSPH Honor Code. Violations of these protocols may result in immediate consequences and honor code proceedings.

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

Student Name

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

Student Signature Date

**Master of Public Health**

**Practicum Proposal**

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

**APPROVAL SIGNATURES**

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

|  |
| --- |
| PRINT STUDENT NAME |
|  |
| STUDENT SIGNATURE |
|  |
| FACULTY ADVISOR SIGNATURE |
|  |
| PRECEPTOR SIGNATURE |
|  |

Submit completed Practicum Proposal, CITI certificates and resume to: [ColoradoSPH.Practicum@cuanschutz.edu](mailto:ColoradoSPH.Practicum@cuanschutz.edu)

The Practicum Coordinator/Instructor will review and approve all submitted materials.

Once approved, students will receive a permission code to enroll in the course.