

Practicum Equivalent Experience Application



**Practicum Equivalent Experience Application**

**Instructions:** This form, including the description of practicum equivalent experience and your resume, must be submitted by the end of your 1<sup>st</sup> semester if you are enrolled in the resident program and by the end 2<sup>nd</sup> term if you are enrolled in the online program. At least one practicum competency for your program must be met in order to submit this form (see under Description of Experience). Program competencies are listed on the Practicum Website.

**Student Information:**

Name (Last, First): \_\_\_\_\_ GWID: \_\_\_\_\_  
Department: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Country: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Date of Matriculation: \_\_\_\_\_ Date of Anticipated Graduation: \_\_\_\_\_

**Description of Experience:**

Degrees Completed<sup>1</sup>: \_\_\_\_\_

Professional Certifications<sup>2</sup>: \_\_\_\_\_

Years worked in a public health organization or one closely related to public health: \_\_\_\_\_

**\*\*\*This must be more than 3 years of relevant, full-time public health experience and must have been completed prior to matriculation.**

<sup>1</sup>BA (field), BS (field), MPH, MS (field), DrPH, MD, PhD (field), JD, DVM, EDD <sup>2</sup>CHES

Please complete the following descriptions, on the attached table, and submit with this application:

- Name of Agency/Organizations
- Description of how the experience demonstrates application of the core and specialty public health knowledge in your academic program
  - Include a description of your major responsibilities
- Approximate length (months/years) of qualifying experience
- Name, title, and contact information of a supervisor who is very familiar with your work experience

## Practicum Equivalent Experience Application

### Attachments:

- Submit a copy of your Resume
- Submit the completed attached Experience Description with the above descriptions
- Submit this Form for approval
- Submit a Graduate Records Petition to Waive and Replace the Practicum

### Student Statement:

I request a waiver of the practicum. I have substantial public health experience relevant to the practicum competencies of my academic program.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

### University Approval:

Practicum Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Academic Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Associate Dean of Public Health Practice Signature \_\_\_\_\_

Date \_\_\_\_\_

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**Practicum Equivalent Experience Description**

<b>Name of Agency/Organization</b>	
<b>Description of how the experience demonstrates application of your department's practicum competencies</b> <i>(include a description of your major responsibilities)</i>	
<b>Approximate length of qualifying experience:</b> <ol style="list-style-type: none"><li>1. Start Date</li><li>2. End Date</li><li>3. Number of hours/week</li></ol>	
<b>Contact Information</b> <ol style="list-style-type: none"><li>1. Name of Supervisor</li><li>2. Title of Site Supervisor</li><li>3. Contact Information of Site Supervisor Phone number /Email address</li></ol>	
<b>Other Information</b>	