

# Milken Institute School of Public Health

THE GEORGE WASHINGTON UNIVERSITY

## Doctor of Public Health Program

- PubH 8413, Research Leadership
- PUBH 8414, Policy/Management Leadership
- PUBH 8415, Instructional Leadership

**Instructions:**

Please fill in the required information below. The plan is not approved until all necessary signatures are included.

<b>NAME</b>		
	<i>Last</i>	<i>First</i>
<b>GW ID</b>	<b>DEPARTMENT</b>	
<b>SEMESTER/YEAR</b> _____	<b>NUMBER OF CREDITS</b> _____	<b>CRN</b> _____

<b>INSTRUCTOR/ PRECEPTOR</b>		
	<i>Last</i>	<i>First</i>
<b>TITLE/DEGREE(S)</b>	<b>PHONE</b>	
<b>WORK ADDRESS (if applicable)</b>	<b>EMAIL</b>	

<b>Does the Leadership Credit involve Human Subject Research?</b>	<b>Yes</b>	<b>No</b>
<b>If Yes, has it been submitted to the IRB?</b>	<b>Yes</b>	<b>No</b>
<b>IRB# (if yes)</b>		

<b>Purpose of Leadership Credit (100 words or less- may attach separate document)</b>

<b>List track-specific competencies that you will address in this experience:</b>	
1.	
2.	
3.	
<b>List learning objectives related to the competencies.</b> This should be a description of how the experience demonstrates the application of your department's competencies (include a description of your major responsibilities).	Meets Competency Number (1, 2, 3, etc.)
a)	#
b)	#
c)	#
<b>List the activities you will conduct to build skills related to those competencies.</b>	Meets Learning Objective (a, b, c, etc.)
○	( )
○	( )
○	( )
<b>Description of final deliverable to submit to DrPH Department Program Director and Instructor/Preceptor</b>	

**Leadership Credit/Confidentiality Agreement**

I have participated in the development of the Leadership Credit Plan and agree to the conditions specified above. If it is necessary to change any of the specified conditions, I agree to make the changes known to each of the persons whose signature appear below.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor/ Preceptor Signature

\_\_\_\_\_  
Date