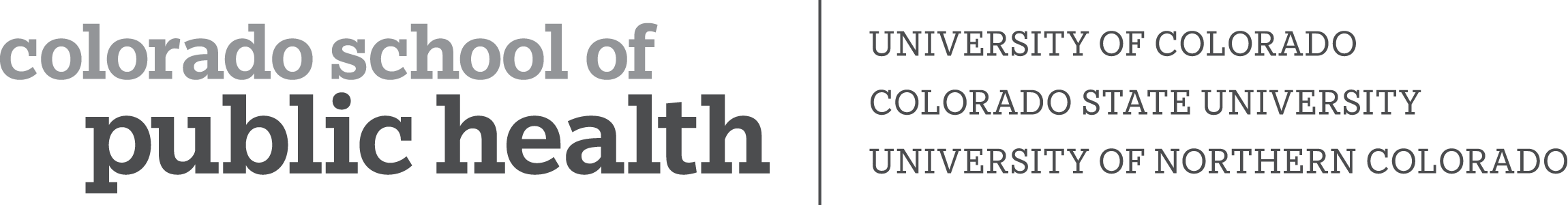
****

**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 your 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 International Student and Scholar Services ([isss@ucdenver.edu](mailto:isss@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.



**Preceptor Question 3:** Which of the following best describes how the student will engage in practicum or capstone educational activities with your organization/agency?

Online/virtual only 🡪 the student will **NOT** be participating in-person for anypracticum or capstone educational activities (not even one meeting)

In-Person 🡪 the student will be participating in-person for some or all of their practicum

or capstone educational activities

If you answered **online/virtual only**, 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 online/virtual only to in-person practicum or capstone activities.

Please contact Faculty Director of Practice-Based Learning, Dr. Mary Dinger ([Mary.Dinger@cuanschutz.edu](mailto:Mary.Dinger@cuanschutz.edu)) if you have additional questions about COVID-19 safety protocols for practicum and capstone students.

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

Preceptor Name

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

Preceptor Signature Date

Text

Description automatically generated

**Student Practicum and Capstone COVID-19 Vaccination Requirements**

**Student Form**

Instructions: The Colorado School of Public Health prioritizes the health and safety of our students and community partners. 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 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)).

# Colorado School of Public Health COVID-19 Vaccination Policy Information

All Colorado School of Public Health students must submit proof of completed World Health Organization (WHO) COVID-19 vaccination or a ColoradoSPH approved medical exemption, to participate in any in-person practicum or capstone educational activities. If a student fails to submit proof of a completed COVID-19 vaccination or receive an approved exemption, they will not be allowed to enroll in practicum or capstone courses. For the Colorado School of Public Health, these requirements apply to all students regardless of their home campus (i.e., University of Colorado Anschutz Medical Campus; Colorado State University; University of Northern Colorado).

Students who are granted a medical exemption will be required to adhere to additional safety protocols at their practicum and capstone site and with any in-person course sessions including, but not limited to: wearing masks, social distancing, staying home when sick, quarantining in accordance with up-to-date CDC guidance, submitting CU Anschutz or practicum/capstone site daily attestations, and undergoing asymptomatic testing (at the frequency required by CU Anschutz) at the individual’s own cost and expense. Additionally, all ColoradoSPH affiliated practicum and capstone partners may reserve and exercise their right to decline or rescind a student’s clinical, practicum, capstone or other educational activity placement - if that partner requires vaccination against COVID-19 and the student is unwilling or unable to provide verification of vaccination to that partner.

**Student Question 1:** Does your practicum/capstone organization/agency require ColoradoSPH practicum/capstone students to provide verification of a completed COVID-19 vaccination?

Yes No

**Student Question 2:** Will your practicum/capstone organization/agency accept a medical exemption approved by the ColoradoSPH, in lieu of verification of a completed COVID-19 vaccination? Please note that students with a medical exemption will be required to adhere to additional safety protocols at their practicum and capstone site (as stated above).

Yes No

**Student Question 3:** Which of the following best describes how you will engage in practicum or capstone educational activities with your organization/agency?

Online/virtual only 🡪 I will **NOT** be participating in-person for anypracticum or capstone

educational activities (not even one meeting)

In-Person 🡪 I will be participating in-person for some or all of my practicum

If you answered **online/virtual only**, you agree to notify the course instructor, obtain approval from the Associate Dean for Academic and Student Affairs, and provide COVID-19 vaccination verification or an approved exemption, prior to engaging in any in-person practicum or capstone activities.

I agree I do not agree

**PLEASE NOTE:** Adherence to all CU Anschutz and Colorado School of Public Health requirements and guidelines related to COVID-19 vaccination is considered an aspect of Professional Conduct addressed in the Colorado School of Public Health Honor and Conduct 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.