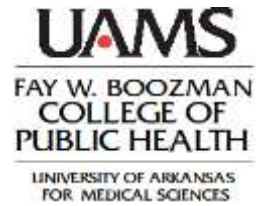


Fay W. Boozman College of Public Health MPH
Culminating Experience Project (COPH 5992)
Registration Form



Print Student Name: _____ Student ID Number: _____

MPH Specialty: _____ Culminating Experience Semester: _____ Year: _____

Culminating Experience Title: _____

Address of Culminating Experience Site: _____ County: _____

CULMINATING EXPERIENCE PROJECT ADVISORY COMMITTEE (CEPAC) FACULTY MEMBERS:

Signature Culminating Experience Advisory Committee Chair/Date (REQUIRED): _____

Signature Culminating Experience Advisory Committee/Date (REQUIRED): _____

Total Number of Successfully Completed Hours in the COPH: _____ GPA: _____

- ❖ Have you completed ALL six Core Courses? Yes _____ No _____
- ❖ Have you registered for MPH Culminating Experience Seminar (COPH 5991)? (first semester ONLY) Yes _____ No _____
- ❖ Number of courses completed in your SPECIALTY TRACK _____ = _____ (hours)
- ❖ Proposed enrollment hours for this registration term (EXCLUDING the Culminating Experience Project): _____
- ❖ Have you completed the Human Subjects Research Determination form? Yes _____ No _____
- ❖ Have you completed the 'HIPAA' and IRB on-line trainings? Yes _____ No _____



Culminating Experience Project Plan Checklist

The following **MUST** be included in your Culminating Experience Plan:

- Title of Culminating Experience (CE) Project
- Description of (CE) Project that will integrate at least TWO public health core areas in an interdisciplinary manner
- Culminating Experience **Learning Objectives**
- Core and Specialty competencies** related to Objectives and Activities
- Culminating Experience **Activities** related to Objectives and selected competencies
- Timeline** of Culminating Experience Activities
- Description of **Final Product**
- Frequency of Meetings** with CEPAC and/or full committee
- Full description of the final product to be provided to CEPAC and presented at seminar
- Statement of Understanding of **COPH Honor Code**
- Statement of IRB Status** applicable to the Culminating Experience project
- Statement of Agreement** to participate in all required meetings of the Culminating Experience Seminar
- Copy of unofficial **COPH Transcript**
- Copy of **HIPAA/IRB Human Subjects Training Certificate & Human Subject Determination letter**
- As necessary: Written statement requesting exceptions to policies governing Culminating Experience registration**

I understand that if I do not complete my Culminating Experience (and submit my final product) before the last day of classes, I will be required to register and pay tuition/fees each semester until it is complete. This policy is applicable for up to three semesters. In the event that my project changes before completion, I will be required to prepare a new Culminating Experience Project plan for approval.

Student's Signature/Date: _____