

**Fay. W. Boozman College of Public Health
MPH Applied Practice Experience Registration Form
(COPH 5989)**

Student Name: _____ Student ID Number: _____

MPH Specialty: _____ Applied Practice Experience Semester: _____ Year: _____

Print Name of Applied Practice Experience Faculty Advisor: _____

Applied Practice Experience Site: _____

Print Name of Applied Practice Experience Site Preceptor: _____

Practice Experience Site Preceptor Email/Phone: _____

Title of Experience: _____

Address of Experience Site: _____ County: _____

In Submitting this Applied Practice Experience registration form, I certify that I have:

_____ A minimum 3.00 GPA (in good academic standing)

_____ Completed the Biology Competency Requirement

_____ Completed prior to enrollment in the A.P.E.: At least five core courses, including the core course in the chosen concentration area (15 hours)

_____ Completed prior to enrollment in the A.P.E.: At least two concentration courses, which may include elective (6 hours).

_____ Attended an Applied Practice Experience Information Session

_____ Completed Human Subject Research Determination Form <https://clara.uams.edu/clara-webapp/>

_____ Completed IRB Training & Printed a Copy of the Certificate <https://www.citiprogram.org/Default.asp>

Applied Practice



Experience Plan Checklist

The following MUST be included in your Applied Practice Experience Plan:

- Title of Practice Experience
- Experience **Learning Objectives** as linked to all appropriate competencies
- Experience **Activities** related to Objectives, including Practice Experience Paper
- Description of how Practice Experience will be of **Service** to selected site
- Timeline** of Activities
- Description of Practice Experience **Paper/Final Product**
- Frequency of Meetings with Practice Experience Preceptor and Course Advisor**
- Statement of Understanding of **COPH Honor Code**
- Statement of IRB Status** applicable to the practice experience project
- Copy of unofficial **COPH Transcript**
- Copy of **HIPAA/IRB Human Subjects Training Certificate**
- Copy of **Human Subject Research Determination Letter**

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Students requesting exceptions to any of the policies governing Applied Practice Experiences must submit a written justification that outlines the reason(s) an exception is being requested. The justification must be approved and signed by your academic advisor, attached to the completed experience plan and submitted to the Public Health Practice Coordinator for final review/approval/denial no later than: December 1st for the following spring semester; May 1st for the following summer; July 1st for the following fall semester.

I understand that if I do not complete my Applied Practice Experience (and submit my final paper) before the last day of classes, I will be required to register (and pay tuition/fees) for a second semester. In the event that I do not complete the Practice Experience by the end of a second semester, I will be required to prepare a new Practice Experience plan for approval.

Student's Signature/Date (**REQUIRED**)

SIGN AND DATE BELOW TO INDICATE APPROVAL OF THE ATTACHED PRACTICE EXPERIENCE PLAN:

Applied Practice Experience Site Preceptor/Date (**REQUIRED**)

Applied Practice Experience Faculty Advisor/Date (**REQUIRED**)*

Specialty Track Academic Advisor/Date (**REQUIRED**)

Public Health Practice Coordinator/Date (**REQUIRED**)

****It is recommended that the Faculty Academic Advisor serve concurrently as the Practice Experience Faculty Advisor. If the Faculty Academic Advisor feels that the Practice Experience work falls outside of their scope of expertise, a separate Practice Experience Faculty Advisor will be solicited to provide guidance.***