



Joseph J. Zilber
College of Public Health

MPH Field Experience Handbook

WCAG 2.1 AA Accessible Version

Effective July 2024

SECTION 0 – Document Control and Accreditation Alignment

0.1 Purpose of This Document

This handbook governs the Applied Practice Experience (Field Experience; PH 790) for the Master of Public Health (MPH) degree at the Joseph J. Zilber College of Public Health (ZCPH), University of Wisconsin–Milwaukee.

This document serves two distinct but integrated purposes: (1) to provide clear, operational guidance to MPH students completing the Applied Practice Experience; and (2) to document institutional policy, oversight mechanisms, and assessment procedures consistent with the 2021 Council on Education for Public Health (CEPH) Accreditation Criteria.

This handbook constitutes official program policy governing the Applied Practice Experience and may be used during accreditation review to demonstrate compliance with CEPH standards.

0.2 Accreditation Framework

The MPH program aligns with the CEPH 2021 Accreditation Criteria. The Applied Practice Experience specifically supports compliance with Criterion D2 (Applied Practice Experiences), Criterion D4 (Cumulative and Experiential Activities), Criterion F1 (Faculty Qualifications and Supervision), and Criterion H2 (Assessment of Student Learning).

The Applied Practice Experience is structured to ensure demonstration of selected Foundational Competencies in real-world settings; production of at least two non-academic, professional work products; structured supervision by a qualified preceptor; faculty oversight and academic evaluation; and formal documentation of competency attainment.

0.3 Governance and Authority

The Applied Practice Experience operates under the authority of the MPH Program. Oversight responsibilities are distributed as follows: MPH Program Director (policy interpretation, waiver authority, final oversight); Course Instructor (PH 790/791) (grading authority and academic evaluation); Faculty Advisor (competency selection and academic guidance); Community Engagement Coordinator (procedural oversight and compliance monitoring).

Final authority regarding placement approval, waiver approval, remediation, and grade assignment rests with the MPH Program Director in consultation with the Course Instructor.

0.4 Effective Date and Review Cycle

Effective Date: July 2024.

Review Cycle: Biennial or as required by CEPH updates.

SECTION 1 – Overview of the Applied Practice Experience

1.1 Educational Purpose

The Applied Practice Experience (PH 790) is a required component of the Master of Public Health degree and serves as the program's structured applied learning requirement. The experience integrates academic coursework with supervised public health practice in professional settings and reinforces the program's commitment to workforce readiness and public service.

1.2 Credit and Hour Requirements

Students must complete a minimum of 240 contact hours (3 graduate credits) in PH 790 and must enroll in PH 791 (Leadership in Public Health) (1 graduate credit). One graduate credit equals 80 contact hours. Contact hours must represent substantive applied practice activities directly related to competency attainment; routine clerical work, passive observation, or unrelated administrative tasks do not qualify.

1.3 Nature of the Experience

The experience must occur in a public health practice setting, be supervised by a qualified Site Preceptor, include structured professional responsibilities, and produce at least two substantive, non-academic deliverables for the host organization. The experience is not satisfied through volunteer service unrelated to competency goals, observational shadowing without active engagement, or routine continuation of existing employment duties.

1.4 Relationship to MPH Competency Attainment

All MPH graduates must demonstrate attainment of 22 CEPH Foundational Competencies across coursework and cumulative experiences. During the Applied Practice Experience, students must demonstrate five competencies:

- Foundational Competency #16 (Leadership)
- Foundational Competency #19 (Communication)
- One additional Foundational Competency
- Two Track-Specific Competencies

Competencies selected for demonstration must be explicitly mapped in the Learning Agreement and supported by tangible deliverables.

SECTION 2 – Eligibility, Prerequisites, and Learning Agreement Policy

2.1 Academic Eligibility

Students must complete prerequisite coursework prior to enrollment in PH 790. Minimum required credits prior to enrollment are 18 graduate credits for most MPH tracks and 27 graduate credits for the Nutrition & Dietetics track. All students must complete PH 702 and PH 704. Additional track-specific prerequisites may apply. Eligibility is verified by the Faculty Advisor prior to enrollment.

2.2 Learning Agreement Requirement

A fully executed Learning Agreement is required before any Applied Practice hours may begin. The Learning Agreement serves as a competency mapping document, a structured project proposal, and a contractual agreement among student, site, and university.

The Learning Agreement must include:

- Description of organization and placement setting.
- Statement of project scope and objectives.
- Identification of five selected competencies.
- Explicit mapping of competencies to activities.
- Identification of at least two deliverables.
- Estimated timeline and hours.

Required signatures: Student, Site Preceptor, Faculty Advisor, Course Instructor. Hours completed before full approval will not count toward the required 240 hours.

2.3 Changes to the Learning Agreement

If project scope changes significantly, the student must notify the Faculty Advisor immediately and submit a revised Learning Agreement for approval. Changes must maintain competency alignment. Failure to document material changes may result in evaluation concerns.

SECTION 3 – Waivers, Employment-Based Placements, and Financial Considerations

3.1 Waiver of Contact Hours

Students with five or more years of prior full-time public health practice experience may request a one-credit (80-hour) waiver. Approval requires written documentation demonstrating applied leadership responsibilities and professional communication responsibilities consistent with MPH Foundational Competencies.

Waivers are discretionary and are not automatically granted. Final approval authority rests with the MPH Program Director. See Appendix for Waiver Form.

3.2 Placement at Place of Employment

Students seeking to complete the Applied Practice Experience at their current place of employment must obtain prior approval, demonstrate that responsibilities differ substantially from routine job duties, and identify a qualified Site Preceptor who is not their direct supervisor. Routine continuation of existing employment duties does not satisfy program requirements.

3.3 Financial Aid and Enrollment Status

Students must enroll in a minimum of four graduate credits to maintain half-time financial aid eligibility. Enrollment in PH 790 (3 credits) and PH 791 (1 credit) satisfies this requirement. Students are responsible for tuition, transportation, housing, and any additional costs associated with placement. The program does not guarantee paid placements.

SECTION 4 – Timeline and Operational Responsibilities

4.1 Advance Planning Expectations

Students are expected to begin planning for the Applied Practice Experience at least two semesters prior to anticipated enrollment in PH 790. Early planning supports placement identification, faculty consultation, IRB review when applicable, and avoidance of graduation delays. Students bear primary responsibility for securing their placement.

4.2 Recommended Planning Timeline

Two Semesters Before Enrollment:

- Update resume/CV.
- Meet with Faculty Advisor.
- Begin identifying sites.
- Explore project ideas aligned with competency goals.

One Semester Before Enrollment:

- Attend required workshop.
- Secure qualified Site Preceptor.
- Draft and submit Learning Agreement.
- Complete CITI training.
- Initiate IRB consultation if project may involve human subjects; plan for potential 4–6 week IRB timelines.

During the Experience:

- Maintain weekly communication with the Preceptor.
- Engage in substantive responsibilities.
- Track hours.
- Develop and complete deliverables.
- Participate in PH 791.

At Completion:

- Submit Final Report.
- Submit Cumulative activity log.
- Submit Student evaluation.
- Confirm Preceptor evaluation submission.
- Submit thank-you communication.

SECTION 5 – Site and Preceptor Standards

5.1 Site Eligibility Criteria

Approved placement sites must engage in public health practice or policy, provide structured supervision, offer opportunities aligned with MPH competencies, and support professional development. Appropriate settings may include governmental public health agencies, health systems, community-based organizations, policy organizations, nonprofits, and research centers with applied public health focus.

5.2 Preceptor Qualifications

Site Preceptors must possess graduate-level training in public health or a related field or demonstrate substantial professional experience in a relevant domain. Preceptors provide supervision, meet regularly with the student, review and provide feedback on deliverables, and complete formal evaluation. Preceptors do not assign academic grades.

5.3 University Oversight

The university retains authority to deny placement approval, require modification of scope, or remove a student from placement if standards are not met. Placements must maintain educational integrity and competency alignment.

SECTION 6 – MPH Foundational Competencies (CEPH 2021)

Domain 1: Evidence-Based Approaches to Public Health

1. Apply epidemiological methods to the breadth of settings and situations in public health practice.
2. Select quantitative and qualitative data collection methods appropriate for a given public health context.
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming, and software, as appropriate.
4. Interpret results of data analysis for public health research, policy, or practice.

Domain 2: Public Health & Health Care Systems

5. Compare the organization, structure, and function of health care, public health, and regulatory systems across national and international settings.
6. Discuss the means by which structural bias, social inequities, and racism undermine health and create challenges to achieving health equity at organizational, community, and societal levels.

Domain 3: Planning & Management to Promote Health

7. Assess population needs, assets, and capacities that affect communities' health.
8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs.
9. Design a population-based policy, program, project, or intervention.
10. Explain basic principles and tools of budget and resource management.
11. Select methods to evaluate public health programs.

Domain 4: Policy in Public Health

12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence.
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes.
14. Advocate for political, social, or economic policies and programs that will improve health in diverse populations.
15. Evaluate policies for their impact on public health and health equity.

Domain 5: Leadership

16. Apply leadership and/or management principles to address a relevant issue.

Domain 6: Communication

17. Select communication strategies for different audiences and sectors.

18. Communicate audience-appropriate public health content, both in writing and through oral presentation.
19. Describe the importance of cultural competence in communicating public health content.

Domain 7: Interprofessional Practice

20. Perform effectively on interprofessional teams.

Domain 8: Systems Thinking

21. Apply systems thinking tools to a public health issue.
22. Use systems thinking frameworks to understand complex public health challenges.

SECTION 6.2 – Track-Specific Applied Expectations

Biostatistics Track

Purpose: Ensure graduates translate statistical theory into applied public health decision-making. Students must demonstrate independent analytic reasoning, appropriate model selection, interpretation within population health context, and communication of statistical findings to non-technical audiences.

Applied expectations include:

- Formulating analytic questions aligned with public health objectives.
- Selecting appropriate techniques based on design and data structure.
- Conducting multivariable analyses when appropriate.
- Evaluating assumptions and limitations.
- Interpreting findings within equity and systems context; and
- Communicating findings clearly to stakeholders with varying statistical literacy.

Appropriate project types include regression analysis to evaluate program effectiveness, surveillance analysis reports, data cleaning protocols for large datasets tied to analytic goals, dashboards for decision support, cost-effectiveness analyses, and disparity analyses.

Deliverables should include written analytic reports with interpretation, code appendices when appropriate, executive summaries for non-technical audiences, and data visualization products accompanied by explanatory narrative. Raw output alone is insufficient.

Not sufficient alone: data entry, running pre-specified scripts without analytic input, producing tables without interpretation, formatting others' reports, or cleaning data without analytic application.

Equity/systems expectations: awareness of structural inequities affecting measurement, potential bias in models, data system limitations, and ethical reporting.

Faculty review red flags: inadequate analytic complexity, unclear authorship of analytic reasoning, or interpretation that is purely descriptive.

Community & Behavioral Health Promotion (CBHP) Track

Purpose: Ensure graduates translate behavioral theory, community engagement principles, and intervention science into structured public health action. Students must demonstrate theory-informed intervention design, community-responsive planning, implementation skill, evaluation literacy, and equity-centered practice.

Applied expectations include:

- Conducting structured community or population assessments.
- Applying behavioral/social science theory to design.
- Developing culturally responsive strategies.
- Constructing logic models.
- Developing evaluation plans with measurable indicators.
- Engaging stakeholders ethically.

Appropriate project types include mixed-method needs assessments, theory-grounded intervention designs, implementation plans, full logic models and evaluation frameworks, facilitation of stakeholder engagement processes, culturally tailored outreach campaigns with strategy, and process/outcome evaluations.

Deliverables may include program design proposals, logic models, evaluation plans, assessment reports, intervention toolkits, and implementation manuals. Flyers/outreach materials alone are insufficient without strategic context and evaluation plan.

Not sufficient alone: event staffing without planning role, distributing materials without strategy involvement, informal conversations without structured assessment, or assisting delivery without documented design input.

Equity/community engagement expectations: structural determinants, cultural humility, attention to power dynamics, and avoiding deficit framing.

Faculty review red flags: absence of explicit theory, weak evaluation planning, symbolic engagement, or lack of student decision-making responsibility.

Environmental Health Sciences (EHS) Track

Purpose: Ensure graduates apply exposure science, risk assessment principles, regulatory frameworks, and environmental justice perspectives in practice settings. The Field Experience must reflect structured environmental health reasoning.

Applied expectations include:

- Evaluating exposure pathways.
- Interpreting environmental sampling/monitoring data.
- Applying regulatory standards.
- Conducting/supporting structured risk assessments.
- Translating technical information into actionable guidance.
- Considering environmental justice implications.

Appropriate project types include environmental risk assessments, analysis of air/water/soil sampling data, compliance reviews, environmental health reports, health impact assessments, environmental policy analyses, and EJ initiatives supported by data-driven analysis.

Deliverables may include environmental health assessment reports, risk communication briefs, regulatory compliance analyses, environmental impact summaries, and HIA documents. Raw sampling logs without interpretation are insufficient.

Not sufficient alone: field sampling without analytic interpretation, data entry of monitoring results, advocacy without structured analysis, or observational ride-alongs without assessment components.

Environmental justice expectations: disproportionate exposures, historical inequities, enforcement disparities, and vulnerability factors.

Faculty review red flags: lack of regulatory analysis, shallow risk reasoning, or unclear independent analytic contribution.

Epidemiology Track

Purpose: Ensure graduates apply epidemiologic methods to public health problems and translate findings into actionable recommendations. The Field Experience must reflect structured epidemiologic thinking.

Applied expectations include:

- Formulating questions.
- Selecting appropriate study designs.
- Applying measures of frequency.
- Calculating and interpreting measures of association.
- Assessing bias/confounding/effect modification.
- Translating findings into recommendations.

Appropriate project types include surveillance analyses, outbreak investigation support, protocol design, secondary data analysis with methodological rationale, policy briefs grounded in epidemiologic evidence, and disparity analyses.

Deliverables should include structured analytic reports with design descriptions, assumptions, interpretation, limitations/bias discussion, and implications for practice/policy. Statistical output alone is insufficient.

Not sufficient alone: running tests without design explanation, descriptive tables without interpretation, data cleaning without analytic application, or figures without narrative.

Equity expectations: structural determinants, measurement bias, surveillance limitations, and differential distributions.

Faculty review red flags: procedural statistics without epidemiologic framing or incorrect use of measures.

Nutrition & Dietetics Track

Purpose: Ensure graduates apply public health nutrition in community, policy, food systems, and population health contexts, integrating culturally responsive strategies and evaluation capacity. Placements must align with ACEND requirements when applicable.

Applied expectations include:

- Applying evidence-based nutrition principles.
- Conducting nutrition needs assessments.
- Developing culturally appropriate interventions.
- Evaluating programs with measurable indicators.
- Analyzing food systems and access barriers.
- Integrating equity considerations.

Appropriate project types include community nutrition assessments, intervention design, culturally tailored curricula development with rationale, evaluation of nutrition programs, food insecurity and structural barrier analyses, and policy initiatives related to food systems.

Deliverables may include program plans, structured curricula with justification, evaluation plans, food system analysis reports, policy briefs, and assessment summaries with demographic analysis. Pamphlets/recipes alone are insufficient unless paired with strategy and evaluation framework.

Not sufficient alone: delivering education sessions without planning role, cooking demos without evaluation, administrative food service assistance, or clinical shadowing without public health analysis.

Equity/food systems expectations: structural determinants of food insecurity, cultural dimensions, policy influences, and avoiding individual blame narratives.

Faculty review red flags: lack of evidence base, missing evaluation metrics, or projects primarily service based.

Public Health Policy & Management Track

Purpose: Ensure graduates analyze, develop, evaluate, and influence policies shaping health outcomes using structured policy reasoning and equity-centered evaluation.

Applied expectations include:

- Applying policy analysis frameworks.
- Analyzing legislative/regulatory language.
- Assessing stakeholders and power dynamics.
- Evaluating equity impacts.
- Developing evidence-informed recommendations.
- Communicating analysis to decision-makers.

Appropriate project types include policy briefs grounded in evidence, regulatory impact analyses, implementation evaluations, stakeholder mapping and coalition strategies documented with frameworks, and comparative policy analyses.

Deliverables may include policy briefs, stakeholder matrices, legislative tracking reports with interpretation, regulatory analysis memoranda, policy evaluation reports, and advocacy strategies grounded in evidence. Opinion pieces alone are insufficient.

Not sufficient alone: meeting attendance without analysis, talking points without framework, outreach without strategy, or event support without evaluation component.

Equity/ethics expectations: differential impacts, historical inequities in systems, power structures, and unintended consequences.

Faculty review red flags: advocacy without framework, weak evidence integration, or unrealistic recommendations.

SECTION 7 – Institutional Review Board (IRB) and Human Subjects Research Compliance

7.1 Purpose and Institutional Responsibility

Students must comply with federal regulations (45 CFR 46) and university/site requirements for projects involving human participants or identifiable private information. Compliance is mandatory and non-negotiable.

7.2 Decision Framework: Does My Project Require IRB Review?

Step 1: Does the project involve living individuals? If no, IRB likely not required. If yes, proceed.

Step 2: Will the project obtain data through interaction/intervention or identifiable private information (surveys, interviews, focus groups, collection of health data, access to non-public identifiable records)? If yes, proceed.

Step 3: Is the intent to contribute to generalizable knowledge (publish, present, disseminate beyond the organization)? If yes, IRB review is required. If no, it may be QI/internal evaluation, but seek IRB determination when ambiguity exists.

7.3 Distinguishing Research from Quality Improvement (QI)

QI is designed for internal improvement with no intent for broader dissemination; research is designed to contribute to generalizable knowledge. If intent changes later (e.g., student later wishes to publish), IRB may become required and prior data may be invalidated. Plan accordingly.

7.4 IRB Review Categories

Projects may be Not Human Subjects Research, Exempt, Expedited, or Full Board. Most Applied Practice projects requiring review fall under Exempt or Expedited.

7.5 Timeline Planning

Plan for 1–2 weeks to prepare materials and 2–6 weeks for review (longer if revisions). Initiate IRB processes early to avoid delays.

7.6 Faculty Principal Investigator (PI) Requirement

Students may not serve as sole PI. If IRB review is required, a qualified faculty member must serve as PI and the student is listed as investigator/co-investigator.

7.7 CITI Training Requirements

CITI Human Subjects Protection training is required prior to beginning the Applied Practice Experience. Additional modules may be required based on project type.

7.8 Data Security and Storage Requirements

Store identifiable data only on secure, approved platforms; avoid personal devices for sensitive data; follow site governance; redact protected information in academic submissions; provide summaries when redaction is required.

7.9 Consequences of Non-Compliance

Non-compliance may invalidate data, require repetition, delay graduation, trigger compliance referrals, and result in Unsatisfactory grade. Fabrication of IRB documentation constitutes academic misconduct.

7.10 Institutional Monitoring

Faculty Advisors and Course Instructors confirm IRB determination when applicable and ensure students do not begin data collection prematurely.

SECTION 8 – Applied Practice Assessment Framework

8.1 Competency-Based Structure

The Applied Practice Experience is structured around competency demonstration rather than hour accumulation alone. Students must demonstrate Leadership (FC #16), Communication (FC #19), one additional Foundational Competency, and two Track-Specific Competencies. Competencies must be mapped in the Learning Agreement and supported by deliverables.

8.2 Learning Agreement as Assessment Tool

The Learning Agreement functions as competency contract, assessment blueprint, and compliance document. Faculty review confirms competencies are achievable within 240 hours.

8.3 Deliverable-Based Evidence

Students must produce at least two substantive, professional deliverables for the host organization. Deliverables must demonstrate applied reasoning; meeting minutes or slide decks without analysis are insufficient.

8.4 Multi-Source Evaluation Model

Competency attainment is assessed through Site Preceptor Evaluation, Faculty Evaluation of deliverables, Final Report review, and Student self-assessment.

8.5 Documentation Retention

Program retains Learning Agreements, deliverables (or redacted summaries), evaluations, final reports, and grading records for accreditation evidence.

8.6 Remediation Procedures

Faculty may require revisions, supplemental reflection, or additional hours; serious ethical violations may result in immediate Unsatisfactory grade.

SECTION 9 – Applied Practice Grading Rubric

The Field Experience is graded Satisfactory (S) or Unsatisfactory (U). A Satisfactory grade requires meeting standards in all domains.

Domain	Meets Standard	Does Not Meet Standard
Completion of Requirements	240 hours verified; ≥2 deliverables; all documents submitted; aligns with Learning Agreement	Hours incomplete; missing deliverables/documents; significant unapproved scope change
Competency Attainment	Leadership, Communication, additional FC, and 2 track competencies evidenced in deliverables and report	Competencies claimed but not evidenced
Professional Conduct	Reliable, ethical, confidentiality maintained, effective collaboration	Repeated unprofessional behavior; confidentiality breach; misconduct
Academic Integration	Final report integrates coursework, analysis, equity/systems awareness	Superficial reflection; lacks analysis or integration

SECTION 10 – Governance Structure and Institutional Authority

Authority resides with the MPH Program Director in consultation with the Course Instructor. Placement approval requires Faculty Advisor and Course Instructor review; the Program Director may deny or revoke approval. Waivers are discretionary and approved by the Program Director. The Course Instructor assigns the final grade based on published standards.

SECTION 11 – Appeals, Dispute Resolution, and Placement Termination

Grade Appeals: student contacts Course Instructor within 10 business days; if unresolved, submits written appeal to MPH Program Director; then follows College/university procedures.

Placement Disputes: attempt direct resolution; if unresolved, notify Faculty Advisor/Course Instructor; convene coordinated review; document major actions; revise Learning Agreement or implement improvement plan as needed.

Termination: may occur due to misconduct, ethics violations, fabrication, failure to meet standards, or site request. Hours are evaluated; additional hours/new placement may be required; Unsatisfactory may be assigned if remediation not feasible. Program Director has final authority.

SECTION 12 – Continuous Quality Improvement

Program reviews aggregated Applied Practice data (preceptor feedback trends, student outcomes, competency distributions, deliverable types, placement diversity) to inform curriculum, site development, and policy revisions. Documentation supports ongoing accreditation monitoring.

SECTION 13 – Document Control and Approval

Effective: July 2024. Review: Biennial or as required by CEPH updates.

Approval Signatures:

Name	Title	Signature	Date

Revision History:

Version	Date	Description of Revision	Approved By

Appendix A – Field Experience Checklist

- Confirm eligibility and prerequisites with Faculty Advisor.
- Identify potential sites and discuss goals and scope.
- Secure qualified Site Preceptor.
- Complete CITI training and any site-required trainings.
- Determine IRB needs; obtain IRB determination before data collection.
- Complete and submit Learning Agreement with required signatures before starting hours.
- Track hours and activities in Activity Log.
- Complete at least two graduate-level deliverables for the site.
- Submit Final Report, Activity Log, Student Self-Evaluation.
- Ensure Site Preceptor Evaluation is submitted.
- Submit thank-you communication to site/preceptor.

Appendix B – Learning Agreement Template

Student Information

Student Name: _____ Student ID: _____

MPH Track: _____ Term/Year: _____

Faculty Advisor: _____ Email: _____

Site Information

Organization/Site: _____ Department/Unit: _____

Site Address: _____

Site Preceptor: _____ Title: _____

Preceptor Email/Phone: _____

Experience Dates: Start _____ End _____ Expected Hours: _____

Project Overview (brief description of setting, population served, and project purpose)

Selected Competencies (Required 5)

1) Foundational Competency #16 (Leadership): Apply leadership and/or management principles to address a relevant issue.

2) Foundational Competency #19 (Communication): Describe the importance of cultural competence in communicating public health content.

3) Additional Foundational Competency (choose one): _____

4) Track-Specific Competency #1: _____

5) Track-Specific Competency #2: _____

Competency Mapping Table (attach additional rows as needed)

Competency	Planned Activities	Deliverable Evidence	Estimated Hours

IRB / Data Compliance

Does this project involve human subjects research or identifiable private information?

Yes No Unsure

If Yes/Unsure: IRB determination category/status: _____

Data security plan (brief): _____

Signatures

Student Signature: _____ Date: _____

Site Preceptor Signature: _____ Date: _____

Faculty Advisor Signature: _____ Date: _____

Course Instructor Signature: _____ Date: _____

Appendix D – Student Self-Evaluation

Rate yourself for each domain (1 = Needs Improvement; 5 = Exceeds Expectations). Provide brief examples.

Domain	Rating (1–5)	Evidence / Examples
Professionalism (reliability, responsiveness, ethics)		
Leadership (FC #16) – how you applied leadership/management		
Communication (FC #19) – culturally competent communication		
Additional Foundational Competency – application and evidence		
Track Competency #1 – application and evidence		
Track Competency #2 – application and evidence		
Equity & systems awareness – structural determinants considered		
Learning growth – key skills developed and next steps		

Open-Ended Reflection Prompts

1) Describe your two primary deliverables and how they supported the organization’s goals.

2) Describe a leadership challenge you faced and how you addressed it.

3) Describe how you adapted communication for different audiences.

4) Describe how equity considerations shaped your work and decisions.

5) What would you do differently if starting the experience again?

Appendix E – Site Preceptor Evaluation

Rate the student for each domain (1 = Needs Improvement; 5 = Exceeds Expectations). Provide brief comments.

Domain	Rating (1–5)	Comments
Professionalism (reliability, punctuality, responsiveness)		
Quality of work (accuracy, rigor, initiative)		
Leadership (FC #16) – applied leadership/management		
Communication – clarity and appropriateness for audiences		
Cultural competence and respect		
Collaboration/teamwork (interprofessional practice)		
Problem solving and adaptability		
Overall contribution to site/organization goals		

Competency Attainment Confirmation

Please indicate whether the student demonstrated the competencies listed in the Learning Agreement:

Yes Partially No

If Partially/No, please explain:

Preceptor Signature: _____ Date: _____

Appendix F – CEPH Criterion D2 Crosswalk

F.1 Purpose of the Crosswalk

This crosswalk demonstrates alignment with CEPH Criterion D2 by documenting how students demonstrate Foundational and Track-Specific competencies through applied activities and non-academic deliverables, and how competency attainment is evaluated and retained as evidence.

F.2 Program-Level Compliance Structure

Program-level compliance is ensured through required enrollment in PH 790 and PH 791; an approved Learning Agreement with competency mapping; required production of at least two professional deliverables; Site Preceptor evaluation; faculty evaluation; a final reflective report; and documentation retention procedures.

F.3 Required Competency Demonstration

Each student demonstrates FC #16 (Leadership), FC #19 (Communication), one additional Foundational Competency, and two Track-Specific Competencies. These must be mapped in the Learning Agreement prior to beginning hours.

F.4 Program-Level Crosswalk Table

Competency Category	Example Applied Activities	Deliverable Evidence	Evaluation Method
Leadership (FC #16)	Lead project component; facilitate stakeholder meeting; manage timeline	Project management summary; facilitation documentation; leadership reflection	Faculty review (Final Report); Preceptor evaluation
Communication (FC #19)	Present findings; draft executive summary; prepare public-facing materials	Executive summary; policy brief; presentation with narrative	Deliverable evaluation; Preceptor feedback
Additional Foundational Competency	Data analysis; policy analysis; program design; systems mapping	Analytic report; logic model; policy memo; systems map	Faculty grading rubric; deliverable review
Track-Specific Competency #1	Discipline-aligned applied activity	Discipline-aligned deliverable	Faculty + Preceptor evaluation
Track-Specific Competency #2	Discipline-aligned applied activity	Discipline-aligned deliverable	Faculty + Preceptor evaluation

F.5 Individualized Student-Level Crosswalk

Each student's Learning Agreement serves as an individualized D2 crosswalk that specifies the five competencies, mapped activities, deliverables, timeline, and supervision plan. Faculty approval confirms that planned activities and deliverables provide sufficient evidence for competency demonstration.

F.6 Documentation Retention

The program retains approved Learning Agreements, deliverables (or redacted summaries), preceptor evaluations, final reports, and grading records for accreditation evidence. Confidential materials are handled through redaction or summary procedures consistent with data protection policies.

Appendix G – Work Experience Waiver Form

The work experience waiver is designed for professionals who have at least five years of full-time experience in a public or population health setting. To qualify, students must demonstrate activities related to the public health core functions and collaboration with community partners. Students must also demonstrate attainment of two Foundational Competencies in leadership and communication.

To apply for the waiver, please complete the information below and attach your CV, rationale statement, and examples of written work products and oral presentations. See sections below for additional information about the rationale statement and examples of work. This waiver request will be reviewed by the MPH Director, Assistant Dean for Community Engagement, and Faculty Advisor. Students will be notified via email and receive a copy of the form with signatures from the reviewers.

Rationale Statement

Write a 2–3-page narrative describing your position and how your work addresses population health issues in the context of the public health core functions of assessment, assurance, and policy development. For each of the core functions provide an example of your activities in relation to the setting of your work. In addition, include discussion of how you attained the following two MPH Foundational Competencies:

- **#16:** Apply leadership and/or management principles to address a relevant issue (may include creating a vision, empowering others, fostering collaboration, and guiding decision making)
- **#19:** Communicate audience-appropriate (i.e., non-academic, non-peer audience) public health content, both in writing and through oral presentation

Evidence of Competency Attainment

Submit examples of written materials to show attainment both of the leadership and communication competencies (e.g., at least 1 written report, program plan, program evaluation, grant proposal AND at least 1 oral presentation – screen shot/copy of meeting agenda, conference PowerPoint/notes or program)

STUDENT

Name: _____ Date: _____

MPH Track: _____

Faculty Advisor: _____

Semester/Year for Waiver: _____

APPROVE: YES: _____ **NO:** _____ **Date:** _____

If NO, please explain the decision. _____

SIGNATURES

Faculty Advisor: _____ **Date:** _____

Assistant Dean: _____ **Date:** _____

MPH Director: _____ **Date:** _____

Course Instructor: _____ **Date:** _____

Accessibility Statement

This document is structured for WCAG 2.1 AA accessibility. Headings follow a logical hierarchy. Tables avoid merged cells. Forms are editable and intended to be screen-reader compatible.