**IPHS 650: Applied Practice Experience Registration Form/Learning Agreement**

***This form MUST be typed***

**STUDENT INFORMATION**

**Name**: Click here to enter text. **UIN #:** Click here to enter text. **SPH Division:** Choose an item.

**Phone:** Click here to enter text. **Email:** Click here to enter text.

**Online student:** [ ]  **Joint degree student (MSW, MBA etc.):** Click here to enter text.

**International Student\*:** [ ]   **Concentration (Global H., MCH):** Click here to enter text.

**APPLIED PRACTICE (AP) EXPERIENCE REGISTRATION INFORMATION**

*Please note: When a student’s AP experience occurs over 4 weeks of a semester, registration for IPHS 650 is required. Some students might need to register for this course for two semesters and can indicate that on this form. If a student needs to register for IPHS 650 for two semesters and doesn’t indicate that on this form, the student will have to email their AP advisor who must approve the request to register for additional credit hours for the following semester. If any changes are made to this form after advisor approval, please email Michele at* *mrtaylor@uic.edu* *so the changes can be processed.*

*\*International Students:* International students must complete a [Curricular Practical Training application](http://www.ois.uic.edu/students/current/employment/), and submit the completed request to an advisor during open advising or by appointment.

**Semester:** Click here to enter text.  **Year:** Click here to enter text.

**Beginning Date:** Click here to enter text. **Ending Date:** Click here to enter text.
**Hours/Week on Site:** Click here to enter text. **Credit Hours:** Click here to enter text.

***AP Experience will continue into this semester…***

**Semester:** Click here to enter text.  **Year:** Click here to enter text.

**Beginning Date:** Click here to enter text. **Ending Date:** Click here to enter text.
**Hours/Week on Site:** Click here to enter text. **Credit Hours:** Click here to enter text.

**Division** [**AP Advisor**](http://publichealth.uic.edu/current-students/mph-field-experiencepracticum) **(different from Academic Advisor):** Click here to enter text.

**PRECEPTOR/ORGANIZATION INFORMATION**

**Name:** Click here to enter text. **Title:** Click here to enter text.

**Organization:** Click here to enter text. **Address:** Click here to enter text.

**Phone:** Click here to enter text. **Work** **Email:** Click here to enter text.

**Experience Paid by organization:** [ ]  **Unpaid:** [ ]  **Are you currently working at the organization? Yes** [ ]  **No** [ ]

**Is this a new site for UIC Public Health students? Yes** [ ]  **No:** [ ]  **Not sure:** [ ]

**INSTITUTIONAL REVIEW BOARD (IRB)**

Student activities involving human subject research must have approval from the [Institutional Review Board](http://research.uic.edu/compliance/irb/education-training) before beginning data collection or analysis. Human subject research activities include surveys, interviews, analysis of pre-existing human subjects’ data and/or human tissue obtained for non-research purposes. **Please check one of the boxes regarding IRB status: [ ]** IRB Approval Pending [ ] IRB Approval Number: [ ] IRB Approval Not Required

**LEARNING AGREEMENT**

**Provide a brief description of your overall learning goal. What do you want to learn as a result of participating in this AP experience?**

# *AP EXPERIENCE LEARNING ACTIVITIES AND DELIVERABLES*

A student must describe 2-4 specific learning activities to guide the student’s experience. These activities must be focused on public health and include a brief description of the deliverables linked to those activities. Student deliverables will be uploaded upon completion for review by the AP Advisor.

# *COMPETENCIES*

Students must demonstrate attainment of a minimum of five competencies (not to exceed 10), consisting of:

* At minimum, three foundational competencies.
* At minimum, one division and/or concentration(s) competency.

Please note: competencies can only be listed once. Do not use a competency for more than one activity.

Please refer to the list of foundational competencies as well as by Division/Concentration found on the website.

# *EVALUATION*

Students will be evaluated on the attainment of each competency at the end of their AP Experience. AP Advisors will evaluate competencies using the following scale: **1-Not Met, 2- Partially Met, 3- Met, 4- Exceeded**

EXAMPLE: ***Learning*** ***Activity:***Manage the development of STI training course by evaluating current course.

 ***Deliverable(s):*** Evaluation results and report

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| --- | --- | --- |
| **Foundational/Division/Concentration** | **Evaluation (advisor use only)** | **Comments (advisor use only)** |
| F2 |  |  |
| C5 |  |  |

 ***Competencies:***

1. ***Learning Activity:***Click here to enter text.

***Deliverable(s):*** Click here to enter text.

 ***Competencies:***

|  |  |  |
| --- | --- | --- |
| **Foundational/Division/Concentration** | **Evaluation (advisor use only)** | **Comments (advisor use only)** |
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1. ***Learning Activity:***Click here to enter text.

 ***Deliverable(s):*** Click here to enter text.

 ***Competencies:***

|  |  |  |
| --- | --- | --- |
| **Foundational/Division/Concentration** | **Evaluation (advisor use only)** | **Comments (advisor use only)** |
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1. ***Learning Activity:***Click here to enter text.

 ***Deliverable(s):*** Click here to enter text.

 ***Competencies:***

|  |  |  |
| --- | --- | --- |
| **Foundational/Division/Concentration** | **Evaluation (advisor use only)** | **Comments (advisor use only)** |
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| **\*Overall Competency Evaluation Rating (advisor use only): \_\_\_\_\_­­­­­­­­­­­­­­­­ Advisor initials:\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_** |

**APPROVAL SIGNATURES**

Division AP Experience Advisor Date

Preceptor Date

Student Date