

**APPENDIX A**

**APPLICATION FOR PRACTICUM**

This form must be completed in consultation with the student's Practicum Faculty Advisor and submitted to the Office of Public Health Practice **the semester before the semester of enrollment in practicum hours**. (Example: For a **summer** practicum, submit the Application during the **spring** semester enrollment period).

Original to: Office for Public Health Practice, College of Public Health, CHB 167  
University of Oklahoma Health Sciences Center

Location (please check one): **DOMESTIC**  **INTERNATIONAL\***

\*=additional documentation required

Name: \_\_\_\_\_ Student ID \_\_\_\_\_

1. Year & Semester Practicum is Desired: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

2. Expected number of course hours completed before practicum begins: \_\_\_\_\_ hours

3. Employed? \_\_\_ yes \_\_\_ no If yes, where & hours: \_\_\_\_\_

4. MPH \_\_\_\_\_ or MHA \_\_\_\_\_ program:

- |   |   |
|---|---|
| <input type="checkbox"/> Biostatistics                          | <input type="checkbox"/> General Public Health – Tulsa                  |
| <input type="checkbox"/> Epidemiology                           | <input type="checkbox"/> Health Promotion Sciences – Tulsa              |
| <input type="checkbox"/> Environmental Health                   | <input type="checkbox"/> Health Administration & Policy – Tulsa         |
| <input type="checkbox"/> General Public Health                  | <input type="checkbox"/> Public Health Preparedness & Terrorism - Tulsa |
| <input type="checkbox"/> Health Promotion Sciences              |   |
| <input type="checkbox"/> Health Administration & Policy         |   |
| <input type="checkbox"/> Public Health Preparedness & Terrorism |   |

5. Multilingual? \_\_\_ Yes \_\_\_ No If yes, which language(s) \_\_\_\_\_

6. Practicum Advisor (please print legibly): \_\_\_\_\_

7. Preferred placement/type of experience or preferred location and contact (if known): – List top three (3) preferences (example- Public Health Department, Hospitals, Voluntary Health Agencies, Nursing Homes, Government Agencies, etc.)

- a.
- b.
- c.

8. Preferred work times:

- Mornings  Afternoons  Evenings  Weekends  Other \_\_\_\_\_  No preference

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Practicum Faculty Advisor Date