Applied Practice Experience Internship Proposal

|  |  |
| --- | --- |
| Student Name |  |
| Internship Title |  |
| Internship Site Name |  |
| Internship Site Address, City, State, Zip |  |
| Preceptor Name |  |
| Preceptor Credentials (e.g. MPH, MD, PhD, etc.) |  |
| Preceptor Title and Roles |  |
| Anticipated Start Date |  |

Provide a brief background of the internship site and preceptor role and qualifying background experience. Include history of organization, mission and vision statements, population or community serviced, activities or services provided, practice setting, etc.

Provide 3-5 objectives for the proposed APE:

|  |  |
| --- | --- |
|  | Objective |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |

* Refer to the APE Manual for tips on writing appropriate SMART objectives

Provide 5 or more CEPH competencies that will be met by this APE. At least 3 must be from CEPH general competencies, and at least 2 or more may be from concentration specific competencies. CEPH Competencies may be found in the APE handbook or here (page 19): <https://media.ceph.org/documents/2021.Criteria.pdf>. Program competencies are available on the website under each department, then program: <https://sph.tulane.edu/departments>.

|  |  |  |
| --- | --- | --- |
|  | Type of Competency (General or Concentration) | Competency |
| 1 | Foundational |  |
| 2 | Foundational |  |
| 3 | Foundational |  |
| 4 | Program |  |
| 5 | Program |  |

Provide at least 2 (or more) proposed work products that will be developed and delivered by the conclusion of this APE. Work products may include a variety of documents or deliverables including, but not limited to: PowerPoint presentation that was created for a presentation, recording of presentation or webinar, flyer and recruiting materials for workshop, evaluations for workshop, de-identified dataset created, cleaned, or analyzed for organization, executive summary or report for administrators of organization, policy resolution, policy analysis, needs assessment, gap analysis, SWOT analysis, etc.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Proposed Work Product | Brief Description of Work Product | Competencies Met from Above |
| 1 |  |  |  |
| 2 |  |  |  |
|  |  |  |  |

Provide a description of the proposed timeline for the APE including start date, estimated end date, and how many hours/week estimated to be spent at the practicum site.

|  |  |  |
| --- | --- | --- |
| APE Start Date | APE Anticipated Finish Date | Estimated Hours/Week |
|  |  |  |

Please sign below after reviewing and approving the above internship proposal plan:

|  |  |  |
| --- | --- | --- |
| Student  Signature |  | Date |
| Preceptor Signature |  | Date |
| Faculty Instructor Signature |  | Date |

For SPHTM Office Use Only:

|  |  |
| --- | --- |
| Date Student Internship Application Submitted |  |
| Date Internship Plan Approved by Faculty Instructor |  |
| Date Student Registered for Course |  |