## **Applied Practice Experience (APE) Proposal Form**

The goal of the APE is to provide students with the opportunity to attain and demonstrate attainment of public health competencies through a practice-based experience. The final product of the APE is a portfolio that includes at least two distinct products, as well as an oral presentation.

# Student information

Student name:

E-mail:

Phone:

# APE academic advisor

Name:

Department:

E-mail:

Phone:

# APE site mentor

Name:

Qualifications (degrees and job title):

E-mail:

Phone:

# APE site organization

Address:

E-mail:

Phone:

# Planning meeting

*A meeting with the student, APE faculty advisor, and APE site mentor is required before the start of the APE activities.*

Meeting date, time & location:

List of meeting attendees:

# Description of APE

Proposed title of the APE:

Semester & year of enrollment:

Purpose or goals of the APE:

# Institutional Review Board (IRB) approvals

Does the project involve conducting research with human subjects? [ ] yes [ ] no

If yes, describe the plans to secure UM or other IRB approval. For more information consult <http://www.umt.edu/RESEARCH/complianceinfo/IRB/>:

# On-site resources

*List any arrangements for student workspace, access to information, and other materials necessary for completion of the project. If permission is required for access, discuss how such permission will be arranged.*

# Competencies and products

*Identify at least five competencies that are the focus of the APE. A least three must be foundational competencies and at least two must be drawn from the concentration areas of the student’s program (MPH-Generalist or MPH-CHPS). The APE team identifies methods to assess competency attainment through a portfolio approach. At minimum, the portfolio will contain at least two distinct products*. *For example, products can be written, videos, mulit-media presentations, journal entries, spreadsheets, websites, posters, photos or other digital artifacts of learning. Different sections of one product can be used to demonstrate multiple competencies.  For example, the introduction section of a report could serve as documentation for foundational competency 6 (Assess population needs, assets and capacities that affect communities’ health) and the results section of the same report could serve as documentation for foundational competency 3 (Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software as appropriate).*

|  |  |
| --- | --- |
| Foundational Competencies | Products |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Concentration-specific Competencies | Products |
|  |  |
|  |  |

# Community or professional service activity

*If the student has not already participated in professional service activities while enrolled in the MPH program, the APE team will assist the student in selecting one or more community or professional service activities to complete. Alternatively, the student may document community and professional service activities they participated in while enrolled in the MPH program. In addition to the APE activities, at least one service, community engagement, or professional development activity must be completed while the student is enrolled in the MPH program.*

|  |  |
| --- | --- |
| Community or professional service activity | Date planned or completed |
|  |  |
|  |  |

# Tasks and timeline

|  |  |
| --- | --- |
| Tasks to be completed | Date due |
|  |  |
|  |  |
|  |  |
|  |  |

# Schedule 10 minute oral presentation at designated seminar

Date:

Time:

Location:

# Student responsibilities

* Maintain work schedule as agreed with the site mentor
* Complete the specified tasks and products
* Interact with site personnel as professionals
* Meet with site mentor as agreed
* Maintain contact with APE academic advisor

# Site mentor responsibilities

* Serve as a practice liaison with the student
* Orient student to the practice site
* Provide student with guidance, supervision, and feedback
* Review final portfolio and attend the student’s oral presentation

# Signature of agreement

*I have participated in the development of this proposal and agree to the plan.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APE Academic Advisor Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APE Site Mentor Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Date