

THIS IS A SAMPLE ONLY – APPLICATION MUST BE COMPLETED ONLINE

**The George Washington University
School of Public Health and Health Services**



Practicum Application - Site

*Indicates a required field

Site Information

Username/Email address: *

Agency/Organization Name (include department, division, etc.): *

Street Address:*

City :* State:*

Country:*

Zip code :*

- International Address
- Mailing address is different from above

Web address:

Organization Information

What is the mission statement of your organization and your department/division/unit/etc.: *

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Please describe any particular population groups you serve: * _____

Do you have insurance to cover any unseen accidents? * _____

Which of the following describes your organization? (check all that apply):*

- Educational, Library, and Literacy institutions
- Federal government agency
- Health advocacy/policy
- Health care facility
- International agency/organization
- Local or State government agency
- Private for-profit agency
- Private not-for-profit agency
- Research institution
- Other (please specify):

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What are your organization's primary issues and/or services? (Check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Adolescent health | <input type="checkbox"/> Homeless health |
| <input type="checkbox"/> Aging and senior services | <input type="checkbox"/> Immigrant and refugee health |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Immunizations |
| <input type="checkbox"/> Bioterrorism | <input type="checkbox"/> Infant mortality |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Infectious diseases |
| <input type="checkbox"/> Cardiovascular health | <input type="checkbox"/> Injury/injury prevention |
| <input type="checkbox"/> Child health (pre-adolescent) | <input type="checkbox"/> Interventions (e.g. design, delivery) |
| <input type="checkbox"/> Chronic diseases | <input type="checkbox"/> Long-term care |
| <input type="checkbox"/> Community health | <input type="checkbox"/> Maternal health |
| <input type="checkbox"/> Community organizing | <input type="checkbox"/> Medicare/Medicaid |
| <input type="checkbox"/> Dental health | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Minority health |
| <input type="checkbox"/> Disabilities | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Emergency preparedness and response | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Environmental health | <input type="checkbox"/> Occupational health |
| <input type="checkbox"/> Epidemiological investigation | <input type="checkbox"/> Physical activity and exercise |
| <input type="checkbox"/> Evaluation (e.g. interventions, health services) | <input type="checkbox"/> Population health |
| <input type="checkbox"/> Family health | <input type="checkbox"/> Referral for health services |
| <input type="checkbox"/> Family planning | <input type="checkbox"/> Reproductive/perinatal health |
| <input type="checkbox"/> Family violence | <input type="checkbox"/> School health |
| <input type="checkbox"/> Gay, lesbian, and transgender health | <input type="checkbox"/> Sexually transmitted diseases/infections |
| <input type="checkbox"/> Global health | <input type="checkbox"/> Social services |
| <input type="checkbox"/> Health communications/marketing | <input type="checkbox"/> Substance use/alcoholism |
| <input type="checkbox"/> Health disparities | <input type="checkbox"/> Surveillance (e.g. disease) |
| <input type="checkbox"/> Health education/outreach | <input type="checkbox"/> Tobacco control |
| <input type="checkbox"/> Health finance | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Health policy | <input type="checkbox"/> Violence/violence prevention |
| <input type="checkbox"/> Health promotion | <input type="checkbox"/> Women's health |
| <input type="checkbox"/> Health regulation | <input type="checkbox"/> Workforce development |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Other (please specify):
_____ |

SPHHS Practicum Director signature _____ Date _____
SPHHS Academic Advisor signature _____ Date _____