

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



***Practicum Equivalent Experience Application***

**Instructions:**

- This form, including the description of practicum equivalent experience and your resume, must be ***submitted during the 1<sup>st</sup> semester of enrollment.***
- At least one practicum competency for your program must be met in order to submit this form (see under Description of Experience). Program competencies are listed on the Practicum Website.

**Student Information:**

Name (Last, First) \_\_\_\_\_ GWid \_\_\_\_\_

Department \_\_\_\_\_ E-mail \_\_\_\_\_

Phone number \_\_\_\_\_

Date of matriculation (M/Y) \_\_\_\_\_ Anticipated graduation (M/Y) \_\_\_\_\_

Local Address (Street, Apt) \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

**Description of Experience:**

Degrees completed<sup>1</sup>: \_\_\_\_\_

Professional certifications<sup>2</sup>: \_\_\_\_\_

Years worked in a public health organization or one closely related to public health: \_\_\_\_\_

***This must be more than 3 years of relevant, full-time public health experience and must have been completed prior to matriculation.***

Please complete the following descriptions, on the attached table, and submit with this application:

- Name of agency/organizations
- Description of how the experience demonstrates application of the core and specialty public health knowledge in your academic program
  - Include a description of your major responsibilities

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<sup>1</sup> BA (field), BS (field), MPH, MS (field), DrPH, MD, PhD (field), JD, DVM, EDD

<sup>2</sup> CHES

- Approximate length (months/years) of qualifying experience
- Name, title, and contact information of a supervisor who is very familiar with your work experience

**Attachments:**

- Submit a copy of your **Resume**
- Submit the completed attached **Experience Description** with the above descriptions and
- Submit this **Form** for approval.

**Student Statement**

I request a waiver of the practicum. I have substantial public health experience relevant to the practicum competencies of my academic program.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

**University Approval:**

Practicum Director signature \_\_\_\_\_ Date \_\_\_\_\_

Academic Advisor signature \_\_\_\_\_ Date \_\_\_\_\_

Practicum Coordinator signature \_\_\_\_\_ Date \_\_\_\_\_

Associate Dean for Academic Affairs  
signature \_\_\_\_\_ Date \_\_\_\_\_

### Experience Description

<b>Name of Agency/Organization</b>	
<b>Description of how the experience demonstrates application of your department's practicum competencies (include a description of your major responsibilities)</b>	
<b>Approximate length of qualifying experience:</b>  <b>1. Start and end date and</b> <b>2. Number of hours/week</b>	
<b>1. Name of Site Supervisor</b> <b>2. Title of Site Supervisor</b> <b>3. Contact Information</b> <b>(phone/email) of Site Supervisor</b>	

NOTE: Repeat this page if you have more than one qualifying agency where you conducted relevant work, and which you need to describe to demonstrate a total of three years of track competency-relevant experience.