**Practicum Approval Form**

Instructions: Complete this form in collaboration with your Academic Advisor, faculty and the Practicum Director. Attach your recent CV/Resume, CITI Certification and TB Clearance Form to this document. Once the proposed project has been approved, all parties should affix their signatures. Retain a copy of the signed document and submit to the Practicum Director at MichaelMcLeod@wayne.edu.

|  |  |
| --- | --- |
| Student Name |  |
| WSU ID/Banner # |  |
| Phone Number |  |
| Email Address |  |

**Course Review & Required Attachments:**

|  |  |
| --- | --- |
| Core Pre-requisite Courses Completed | □ FPH 7010 Seminar in Public Health□ FPH 7240 Epidemiology I □ FPH 7015 Biostatistics I □ FPH 7100 Health Care Organization & Administration □ FPH 7320 Social Basis of Health Care □ FPH 7420 Principles of Environmental Health  |
| PHP Concentration Courses Completed  | □ FPH 7230 Health Program Evaluation□ FPH 7210 Research Methods for Health Professionals□ FPH 7250 Applied Epidemiology |
| Biostatistics Concentration Pre-requisite Courses Completed | □ FPH 7150 Probability and Inference □ FPH 7160 Linear Regression and ANOVA □ FPH 7340 Generalized Linear Models and Categorical Data □ FPH 7350 Programming for Public Health Practice |
| CV/Resume attached | □ Yes |
| CITI Training Certificates | □ Yes |
| TB clearance attached | □ Yes |

**Signatures**: **Dates**:

|  |  |  |
| --- | --- | --- |
| Student Signature |  |  |
| Advisor Signature |  |  |
| Practicum Director Signature |  |  |