**Wayne State University School of Medicine**

**Department of Family Medicine & Public Health Sciences**

**Master of Public Health Program FPH7440: Public Health Practicum**

*Practicum Development Form*

Please complete this form and upload it to IPT as a PDF before your first planning meeting. This will help both you and the practicum director determine the most suitable practicum placement for you. If you have any questions or concerns, please contact Michael McLeod at [MichaelMcLeod@wayne.edu](mailto:MichaelMcLeod@wayne.edu).

**Please type your responses below.**

1. Access ID:
2. Faculty Advisor's Name:
3. Please describe any hands-on experiences (paid or voluntary) that you have had in public health.
4. What is your proposed practicum semester?
5. What are your career aspirations in terms of using your public health degree?
6. Describe the perfect or ideal practicum placement for you.
7. What barriers, if any, do you think may affect your successful completion of the practicum?
8. What languages do you speak?
9. Please highlight any areas listed below that are of public health interest to you.

Adolescents

Behavioral and Mental Health

Communicable and Infectious Disease

Maternal and Child

Community Health

Environmental Health

HIV/AIDS

Law/Policy

Lead Vision and Hearing Screenings

Obesity

Safe Sleep and Car Seat Safety Education

Substance Abuse

Violence and Abuse

Aging

Cancer

Food Safety/Restaurant Inspection

Chronic Disease

Disease Prevention

Healthcare Administration/ACA

Injury Control and Prevention

LGBTQ Health

Nutrition

Program Planning

Sexual Health

Vaccination/Immunization

Women’s Health