

Application and Approval Form Public Health Electives

The following Application and Approval Form is required for evaluating the appropriateness of courses to fulfill students' elective course requirements. Students are required to use this form to submit courses, including transfer courses, for approval. Elective courses must pertain to one or more of the 10 competencies listed below.

Course _____ Date _____

Submitting Student _____

Areas of Responsibilities and Competencies of Master-level Trained Public Health Professionals		√
Responsibility I: Assess		
1	<i>Monitor</i> health status to identify and solve community health problems	
2	<i>Diagnose</i> and investigate health problems and health hazards in the community	
3	<i>Evaluate</i> effectiveness, accessibility, and quality of personal and population-based health services	
Responsibility II: Policy Development		
4	<i>Develop</i> policies and plans that support individual and community health efforts	
5	<i>Enforce</i> laws and regulations that protect health and ensure safety	
6	<i>Research</i> for new insights and innovative solutions to health problems	
Responsibility III: Assurance		
7	<i>Link</i> people to needed personal health services and assure the provision of health care when otherwise unavailable	
8	<i>Assure</i> a competent public and personal health care workforce	
9	<i>Inform</i> , educate and empower people about health issues	
10	<i>Mobilize</i> community partnerships and action to identify and solve health problems	

Rationale: (Explain how the proposed elective meets the requirement of addressing at least one of the 10 competencies of public health).

Approved _____ Date ____/____/_____
Signature of Advisor

Not Approved _____ Date ____/____/_____
Signature of Advisor

Application and Approval Form Community Health Education Electives

The following Application and Approval Form is required for evaluating the appropriateness of courses to fulfill students' elective course requirements. Students are required to use this form to submit courses, including transfer courses for approval. Elective courses must pertain to one or more of the 7 areas of responsibilities listed below.

Course _____ Date _____

Submitting Student _____

	Areas of Responsibilities and Competencies of Master-level Trained Health Educators	√
I	Assess Individual and Community Needs for Health Education	
II	Plan Health Education Strategies, Interventions, and Programs	
III	Implement Health Education Strategies, Interventions, and Programs	
IV	Conduct Evaluation and Research Related to Health Education	
V	Administer Health Education Strategies, Interventions, and Programs	
VI	Serve as a Health Education Resource Person	
VII	Communicate and Advocate for Health and Health Education	

Rationale: (Explain how the proposed elective meets the requirement of addressing at least one of the 7 areas of responsibilities).

Approved _____ Date ____/____/____
Signature of Advisor

Not Approved _____ Date ____/____/____
Signature of Advisor