

MPH Elective Approval Form
Southern Connecticut State University

The following Application and Approval Form is required for evaluating the appropriateness of courses to fulfill students' elective course requirements. 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

Not Approved

 Signature of Advisor Date ____/____/____