



**GRADUATE PROGRAM IN PUBLIC HEALTH  
APPLIED PRACTICE EXPERIENCE PROPOSAL FORM**

Please complete and return to Christine Cortalano, Program Manager in the Office of Public Health Practice:  
CAM Building, 17 E. 102 St., West Tower – 5<sup>th</sup> Floor Rm D5-141

The Applied Practice Experience (APE) Proposal must be submitted and approved prior to the anticipated start date. This is to ensure that your proposal meets the objectives of the APE requirement. The proposal outline must be submitted with this form.

Student Name: \_\_\_\_\_

Specialty Track: \_\_\_\_\_

Student Mount Sinai Life Number: \_\_\_\_\_

**PROJECT & SITE INFORMATION**

Project Title: \_\_\_\_\_

Site: \_\_\_\_\_

(If Mount Sinai, ISMMS or NYCDOH, please specify department, division, bureau)

Physical Address of Site: \_\_\_\_\_

Preceptor Name, Title & Credentials: \_\_\_\_\_

Preceptor Contact Information: \_\_\_\_\_  
(address, phone, e-mail)

For Preceptor and Student: I have participated in the development of the Applied Practice Experience Proposal and agree to the conditions specified in the attached Proposal.

Preceptor: \_\_\_\_\_  
Signature Date

Student: \_\_\_\_\_  
Signature Date

Specialty Track Advisor: \_\_\_\_\_  
Signature Print Date

Office Use Only

Approved by the Graduate Program in Public Health Program Office:

Initials \_\_\_\_\_ Date \_\_\_\_\_

## APPLIED PRACTICE EXPERIENCE PROPOSAL OUTLINE (3-4 PAGES IN LENGTH)

**Instructions:** The proposal should be developed in consultation with your preceptor, and discussed with your specialty track advisor.

- 1) Using the proposal outline provided, submit a draft of your proposal to the Office of Public Health Practice for review ([christine.cortalano@mssm.edu](mailto:christine.cortalano@mssm.edu)), and make any requested revisions.
  - 2) Review the final proposal with your track advisor and preceptor for approval and signature (APE Proposal Form).
  - 3) Submit the completed proposal and signed proposal form to the Office of Public Health Practice for approval prior to the start of your practicum.
- **Description of the Practice Site**
    - Mission/goal of practicum site
    - Type of institution
    - Preceptor role within organization and project
  - **Nature & Scope of the Project/Experience**
    - Goal of your Applied Practice Experience
    - Description of project and your responsibilities
    - Background information and relevance to Public Health
  - **Learning Objectives**
    - State your proposed learning objectives.
      - Objectives should be SMART: specific, measurable, attainable, relevant, and time-limited.
      - Each objective should begin with an action verb.  
Examples: analyze, assess, construct, define, describe, evaluate, formulate, identify, implement, illustrate, plan
  - **Competencies**
    - Please review the Competencies (Core and Track Specific) available in your student handbook and on Blackboard, and list which competencies you expect to achieve through this experience. These should link directly to your learning objectives. Identify each competency as core or [track]-specific. Select a minimum of five competencies, two of which must be core.
  - **Service Objectives**
    - Will this project provide a direct or indirect service to the community? Yes No  
If yes, please describe the service and the community to be served.
  - **Description of deliverables, if applicable**
    - Are you producing any final products for the organization? Yes (Please describe) No
  - **Duration of Practicum**
    - Include anticipated start and end dates, number of days you anticipate working each week, and an estimate of the number of hours each day.
  - **References, if applicable**