



**1785 UNIVERSITY OF GEORGIA - Doctor of Public Health
Residency Approval and Proposal Form**

Semester of Residency: Fall Spring Summer Year: 20__ Credits: __

Applying For Traineeship Funds? Yes No Employed by UGA?

<u>STUDENT IDENTIFICATION</u>	
Name:	_____
UGA ID (not SS#)	_____
E-mail:	_____
Address During Residency:	_____
Phone Number:	_____
Cell Phone Number:	_____

<u>SITE IDENTIFICATION</u>	
Name of Organization:	_____
Type of Organization:	<input type="checkbox"/> Non Profit <input type="checkbox"/> For Profit <input type="checkbox"/> Gov't <input type="checkbox"/> Hospital <input type="checkbox"/> Other
Site Street Address	_____
Site Mailing Address	_____
Name of Preceptor: ¹	_____
Title of Preceptor	_____
Preceptor Qualifications	Degrees: _____ Licenses/Certs: _____
E-mail (Preceptor):	_____
Phone (Preceptor):	_____
FAX (Preceptor):	_____

******* The Residency minimum requirement is 150 hours. *******

¹ If the preceptor changes during the course of the residency, the student must resubmit the proposal with new signatures.

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Residency Approval and Proposal Form**

Semester of Residency: Fall Spring Summer Year: 20__ Credits: __

Name: _____

Site: _____

1. **Site Description** (e.g., mission, location(s), programs offered, personnel employed, etc.)

2. **Project(s) Description**

3. Competencies and Learning Objectives. Name **five** Competencies with corresponding learning objectives for your Residency. The learning objectives should be clearly linked to the DrPH *program competencies*. For each one, explain in detail the duties or activities that will help you meet these objectives.

NOTE: If significant changes in the learning objectives or task occur during the Residency, they must be submitted in writing to the Academic Advisor and DrPH Practice Coordinator. *Please use the following Format:*

I. Competency: (from the program manual)

Learning Objective: (details from your project that will address this competency)

II. Competency:

a. Learning objective(s)

III. Competency:

a. Learning objective(s)

IV. Competency:

a. Learning objective(s)

V. Competency:

a. Learning objective(s)

Signature Page

My signature below indicates that I have discussed with the student the residency learning objectives and proposed tasks, and that I agree with the proposed learning objectives and related residency activities.

Student Signature: _____ Date: _____
(SIGNATURE or NAME)

Electronic Submission: by checking this box and adding my name above, I am certifying my approval of this document.

Site Supervisor approval: _____ Date: _____
(SIGNATURE or NAME)

Electronic Submission: by checking this box and adding my name above, I am certifying my approval of this document.

Academic Advisor approval: _____ Date: _____
(SIGNATURE or NAME)

Electronic Submission: by checking this box and adding my name above, I am certifying my approval of this document.

Practice Coordinator approval: _____ Date: _____
(SIGNATURE or NAME)

Electronic Submission: by checking this box and adding my name above, I am certifying my approval of this document.

Original residency forms will be filed in the College of Public Health Dean's Office with Practice Coordinator.