



University of California, Davis
Master of Public Health Program (MPH)
Internship Placement
for MPH Practicum Experience

Name: _____
Title: _____
Place of Work: _____
Address: _____
Phone: _____ Fax: _____
Email: _____

My area of expertise is: _____

Possible projects that an MPH student can assist me with are:

- | | |
|---|---|
| <input type="checkbox"/> descriptive study | <input type="checkbox"/> risk assessment |
| <input type="checkbox"/> program analysis or evaluation | <input type="checkbox"/> policy analysis |
| <input type="checkbox"/> case study | <input type="checkbox"/> research project |
| <input type="checkbox"/> disease surveillance | <input type="checkbox"/> needs assessment |
| <input type="checkbox"/> other—please describe: _____ | |

I prefer a student with interest/experience in the following area(s):

- | | |
|--|---|
| <input type="checkbox"/> biostatistics | <input type="checkbox"/> infectious disease |
| <input type="checkbox"/> epidemiology | <input type="checkbox"/> veterinary public health |
| <input type="checkbox"/> health services administration | <input type="checkbox"/> informatics |
| <input type="checkbox"/> social and behavioral science | <input type="checkbox"/> nutrition |
| <input type="checkbox"/> environmental and occupation health | <input type="checkbox"/> other |

I have a funded project: Yes No

Additional comments: _____

***Please attach a brief description of the practicum project or a job description.**

Return to: MPH Program Coordinator, Dept. of Public Health Sciences,
MC 1C, University of California, Davis, CA 95616-8638
Fax: 530-752-3239 or email: PHSInstAffairs@phmail.ucdavis.edu