Table of Contents

MPH Program Mission & Statement Of Values ................................................................. 3
Policy for Pre-requisites for the MPH Internship .......................................................... 4
Sample Schedule ............................................................................................................. 5
Student/ Faculty Internship Checklist ............................................................................. 6
Student Expectations ...................................................................................................... 9
Faculty Advisor Expectations ....................................................................................... 9
Preceptor Expectations.................................................................................................. 10
Project Selection ........................................................................................................... 10
Guidelines for Final Paper ............................................................................................. 25
MPH Program Competencies ....................................................................................... 27
Appendix 1: Student Internship Interest Form ............................................................... 29
Appendix 2: Internship Description Template ............................................................... 31
Appendix 3: Field Practicum Placement Agreement ..................................................... 33
Appendix 4: IRB Decision Algorithm ............................................................................ 36
Appendix 5: Additional International Travel Information ............................................. 39
Mission Statement

The mission of the Master of Public Health Program at the University of Missouri is to advance the health and well-being of communities in Missouri and elsewhere through excellence in teaching, discovery, and service in public health. To promote the unique strengths of the University of Missouri in interdisciplinary instruction, research, and practice to address the needs of global populations and prepare public health leaders to serve on the local, state, national, and international levels.

Statement of Values

The underlying values of the University of Missouri Master of Public Health Program include a strong commitment to creating a learning environment where evidence-based decision-making and best-practices are focused on enhancing the common good. The core values of the University of Missouri (Respect, Responsibility, Discovery, and Excellence) intersect with key public health values informing the program in several important ways:

1) Respect for the diversity of our students and for the communities they will serve, including an understanding of issues involving equity and the special needs of vulnerable populations,

2) The Responsibility of the academy to bring rigor and excellence to the training of both future and currently practicing public health professionals and to make research findings accessible for use in the development of public policy,

3) The value of promoting and supporting the innovative interdisciplinary Discovery that is a unique strength of the discipline of public health, and

4) The necessity of holding leaders of population-based efforts to improve health to the highest standards of Excellence, including professionalism, solid grounding in international and national codes of ethics, and respect for individual dignity, social justice, and fairness.
Policy for Pre-requisites for the MPH Internship

Before the beginning of an internship, the MPH student must have completed 18 hours of coursework in the Master of Public Health Program, which should include the following courses:

- **P_HLTH 7150 Principles of Public Health OR** 3
- **P_HLTH 7160 Interdisciplinary Perspectives of Public Health** 3
- **P_HLTH 8150 Human Health and the Environment** 3
- **P_HLTH 8920 Social and Behavioral Sciences in Public Health** 3

- **and either**
- **P_HLTH 8420 Principles of Epidemiology OR** 3
- **V_PBIO 8455 Veterinary Epidemiology & Biostatistics** 3

- **and**
- **STAT 7020 Statistical Methods in the Health Sciences** 3

**Subtotal Credit Hours** 15
**Elective Credit Hours or Core Courses** (per academic advisor approval) 3
**TOTAL** 18

**Pre-requisite Waiver Policy:**

Waivers for students who would like to start their internships prior to completion of all pre-requisites will be considered on an individual basis by the student’s Faculty Advisor and the Field Placement Coordinator.
Sample Schedule

Students may complete their internship over the course of one, two or three semesters, depending on their plan of study. Here are some sample internship schedules:

**All 6 credit hours in one semester**

<table>
<thead>
<tr>
<th>Start of Semester</th>
<th>Midterm</th>
<th>Final</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Register for 6 credits in PH 8980</td>
<td>• Internship Progress Report</td>
<td>• Finalized Statement of Purpose</td>
</tr>
<tr>
<td>• Internship Agreement</td>
<td>• Updated Statement of Purpose</td>
<td>• Student Evaluation</td>
</tr>
<tr>
<td>• Statement of Purpose</td>
<td></td>
<td>• Preceptor Evaluation</td>
</tr>
<tr>
<td>• Field Practicum Agreement</td>
<td></td>
<td>• Final Paper</td>
</tr>
<tr>
<td>• Preceptor Information</td>
<td></td>
<td>• Internship Log totaling 360 hours</td>
</tr>
</tbody>
</table>

**6 credit hours divided between two semesters**

<table>
<thead>
<tr>
<th>Start of First Semester</th>
<th>End of First semester</th>
<th>End of Second Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Register for 3 credits in PH 8980</td>
<td>• Internship Progress Report</td>
<td>• Finalized Statement of Purpose</td>
</tr>
<tr>
<td>• Internship Agreement</td>
<td>• Updated Statement of Purpose</td>
<td>• Student Evaluation</td>
</tr>
<tr>
<td>• Statement of Purpose</td>
<td>• Register for 3 credits in PH 8980 for subsequent semester</td>
<td>• Preceptor Evaluation</td>
</tr>
<tr>
<td>• Field Practicum Agreement (if needed)</td>
<td></td>
<td>• Final Paper</td>
</tr>
<tr>
<td>• Preceptor Information</td>
<td></td>
<td>• Internship Log totaling 360 hours</td>
</tr>
</tbody>
</table>

The second option is particularly helpful for summer interns that will not complete their internships by the end of summer semester (approximately July 30th). This avoids having to enter an “incomplete” grade for the summer semester. Summer interns should register for 3 credits for the summer semester and 3 credits for the fall semester.

**6 credit hours divided over more than 2 semesters**

It is also possible to spread your internship over three semesters. This plan of study will be handled on a case-by-case basis. Work with the Academic Advisor and Field Placement Coordinator for specifics on how to arrange these internships.

*NOTE: DVM students are required to complete 240 hours or 4 credit hours for the internship.*
STUDENT/FACULTY CHECKLIST – LOCAL, STATE, NATIONAL INTERNSHIPS

Preparing for internship:

☐ **Student- Revise Resume:** Include information on education, previous work experience, and career goals. Keep length to no more than two pages. Contact your Faculty Advisor or the Associate Director for assistance, if needed.

☐ **Faculty- Revise Student Resume:** Remind advisees to update their résumés before applying to internships and assist them with professional formatting.

☐ **Student- Complete Internship Interest Form:** Identify areas of your MPH training where you would like to gain further competency. For instance, if you have had experience in health education, but only classroom exposure to epidemiology, you may want to consider an internship in the focuses on epidemiology. Also, you may use the Student Internship Interest form in Appendix 2 to help guide your thinking.

☐ **Student- Potential Internship Sites:** With the assistance of the Faculty Advisor and/or the Field Placement Coordinator, develop a list of potential internship sites with their application due dates. Considerations include: geographical location, student interests, career goals and learning objectives. Review the internship opportunities website [https://healthprofessions.missouri.edu/mph/student-services/internships/current-internship-opportunities/](https://healthprofessions.missouri.edu/mph/student-services/internships/current-internship-opportunities/)

☐ **Faculty- Discuss Potential Internship Sites:** Familiarize yourself and your advisees with available internship sites and their application due dates. Review the internship opportunities website [https://healthprofessions.missouri.edu/mph/student-services/internships/](https://healthprofessions.missouri.edu/mph/student-services/internships/)

☐ **Student- Meet with your Faculty Advisor:** Review potential internship opportunities, self-assessment, and interest areas with your Faculty Advisor and The Field Placement Coordinator as needed. (Note: Your faculty advisor is identified in your https://myzou.missouri.edu account.)

☐ **Faculty- Meet with Your Advisees:** Expect advisees to contact you about potential internship opportunities and their interest areas. Contact the Field Placement Coordinator if you have questions or concerns about available internship sites.

☐ **Student- Contact Sites/Preceptors:** Make contact with potential preceptors to explore internship duties. Set up interviews (phone or in-person) and review information about the agency/organization. Treat contacts like job interviews – follow up with thank you notes and inform preceptor promptly if you will be accepting internship. Treat this like a job interview!

☐ **Faculty- Contact Sites/Preceptors:** Ensure your advisees make contact with potential preceptors to explore internship duties.

☐ **Student- Finalize Internship Site and Preceptor:** With the assistance of the faculty advisor, select a final internship site and preceptor. Collect preceptor contact information on the Preceptor information sheet.

☐ **Faculty- Finalize Internship Site and Preceptor:** Assist your advisee with selecting a final internship site and preceptor that fits their interests, goals, and availability.

☐ **Student- Respond to all other internship interviewers:** If you had interviewed for multiple internships, make sure to correspond with them with a thank you note and notification that you will be doing your internship elsewhere.

Starting your internship (forms available in handbook):

☐ **Student- Canvas MPH Internship Tracking site:** verify that you have access to this site. This is where the Field Placement Coordinator will be tracking your internship. If not, contact the Academic Advisor or Field Placement Coordinator in the MPH Office to gain access to this site.
Student- Complete the Preceptor Information Form.

Student- Complete the Internship Statement of Purpose form: Interns meet with your preceptor and collaboratively develop a list of objectives for the internship. Then align these with MPH competencies (see Statement of Purpose form). Your preceptor, your faculty advisor and you all sign this form. This document is the driving force for your internship. Upload this form to the MPH Internship Tracking site.

Faculty- Complete the Internship Statement of Purpose form: Ensure the preceptor(s) and the student(s) have aligned the internship goals with relevant MPH Competencies. Consider the following before you give your approval:

1. Will this project be at graduate student level?
2. Is this project going to meet MPH Program Competencies (see Appendix 1)?
3. Will it lend itself to a capstone project? (This is not required but desirable for students who are seeking publications or PhD.)

Student- Complete Internship Agreement: This document should be reviewed and signed by student, faculty advisor and preceptor and uploaded on the MPH Internship Tracking site at the beginning of the internship.

Faculty- Complete Internship Agreement: Once the Internship Statement of Purpose is completed and signed, sign off on the Internship Agreement with the advisee and their internship preceptor.

Student- Start Internship Log: Begin documenting hours and maintaining a record of activities on the Internship Log in Appendix 5 as soon as internship begins.

Student- Field Practicum Agreements: If you are the first MPH intern at your internship site, you may need to facilitate completion of the Field Practicum Agreement. A list of previously approved sites is on the MPH Internship Tracking site.

Student/Faculty- IRB Approval: While most internship projects will not require IRB approval, some may, depending on the nature of the assignment. Discuss the need for IRB approval with your Internship Preceptor. Use Appendix 6 as a guide in your decision. For further questions, please contact the Field Placement Coordinator.

Midterm:

Student- Statement of Purpose: Update your Statement of Purpose by completing the “midterm” column. This provides an opportunity to review your objectives and discuss your progress with your preceptor. Upload your revised statement of purpose (signed by you and your preceptor) to the MPH Internship Tracking Site.

Student/Field Placement Coordinator (FPC)-Internship Progress Report: This is a one page summary of your progress so far in the internship. Interns complete this form independently and upload to the MPH Internship Tracking Site.

Final:

Student/FPC - Statement of Purpose: Finalize your statement of Purpose by completing the last column “Final Evaluation” with your preceptor. This allows you to review the internship and what you were able to accomplish. Upload your finalized statement of purpose (signed by you and your preceptor) to the MPH Internship Tracking Site.

Student/FPC- Student Evaluation of Internship: Student completes the Student Final Internship Evaluation when completing the internship. There is a separate evaluation form for HPP and VPH students. Each student will upload only one evaluation based on their emphasis area.

Student/FPC- Preceptor Evaluation of Internship: Student provides Internship Preceptor with a copy of the Preceptor Final Internship Evaluation and requests that it be completed and returned to the student to upload on the MPH Internship Tracking Site. The student and preceptor should use this opportunity to discuss the intern’s performance strengths and areas for future improvement.
Student/FPC- Final internship Log: Once all of your hours are completed, upload your internship log to the MPH Tracking Site.

Student/Faculty- Final Paper: Submit a brief paper or report that summarizes your internship activities and accomplishments to your faculty advisor. See Guidelines for Final Paper on the Canvas Internship tracking site.

STUDENT CHECKLIST - INTERNATIONAL INTERNSHIPS

Students seeking to complete their internships abroad follow the same procedures with the following additions:

- Start your search early – generally two semesters prior to when you are scheduled to do your internship
- Contact the International Field Placement Coordinator (IPC) for assistance in securing and approving your internship. Ensure that both the FPC and IPC are contacted, as there are additional tasks to complete through the International Center and Student Health. See Appendix 5 for more information.
- Save your money! International internships do not pay and often cost anywhere from 1000 – 5000 dollars. Scholarships may be available – contact your IPC.
- Contact Campus International Center – they are an invaluable resource for assistance in issues including VISAs, safety, travel health, etc. http://international.missouri.edu/
- International internships range from 1-6 weeks abroad. As international internships are an “immersion experience,” 6 weeks abroad is equivalent to the required 360 internship hours. Partial internships are also possible. If your internship is less than 6 weeks long, please coordinate with the IPC to ensure completion of the internship requirement.
- Watch for informational meetings about international internships. We generally hold them in fall and spring in preparation for summer international internships.
Student Expectations

During your internship, you will be gaining experience in a public health agency and working with a Preceptor on a specific project. The agency and the Preceptor are volunteering to assist you in meeting your educational goals.

Once the internship begins, general student expectations for this experience are listed below:

• Contact the Preceptor/agency regularly to discuss progress on your project.
• Accomplish activities as stated in the Internship Statement of Purpose contract.
• Participate in activities offered by the Preceptor in addition to the work on your project.
• Inform the Preceptor/agency and clinical instructor about problems/issues related to population and/or project work. Any unresolved issues may be brought to your Faculty Advisor and the MPH Program Administrative Staff.
• Be responsive to Preceptor/agency requests.
• Demonstrate professional behaviors, including appropriate dress, language, punctuality, call-in procedure, and discussion with clients and health professionals.

Preceptors will evaluate your performance based on these expectations. The internship is a pass/fail class. The work on your project must meet the needs of the agency/Preceptor and all paperwork completed and acceptable and turned into the Field Placement Coordinator.

Faculty Advisor Expectations

The Faculty Advisor is a very important academic figure during the internship process. He/she serves along with the Field Placement Coordinator as a bridge between the student and the Preceptor as needed. He/she must work in conjunction with the Field Placement Coordinator to sort out any problematic issues. Further, considering development of the student and current competitive environment, the Faculty Advisor should be prepared to discuss the following with prospective interns:

1. Will this project be at graduate student level?
2. Is this project going to meet MPH Program Competencies (see Appendix 1)?
3. Will it lend itself to a capstone project? (This is not required but desirable for students who are seeking publications or PhD.)
Preceptor Expectations

As you work with your student, please consider the following guidelines for the student experience:

☐ Provide an internship description well in advance for internship position advertisement. You may use our format for the advertisement (see Appendix 3).

☐ At the beginning of the internship, complete agency-student contract with student and Faculty Advisor. Determine semester meeting dates and times for routine meetings with your student. (Other meetings can be scheduled as needed throughout the semester).

☐ Specify orientation activities you want your student to complete early in their experience.

☐ Clarify call-in procedure if student will miss or be late to the assigned daily experience.

☐ Provide a list of resources that you use (e.g. pamphlets/brochures), information from other agencies, other staff resources, etc. for students to use during the semester to help with project work and/or understanding the work of public health agencies.

• Review student’s progress on their project and notify Field Placement Coordinator if there are any concerns.

• Notify Field Placement Coordinator regarding any problems or concerns regarding student’s behavior.

• Discuss and plan with the student the type of final report you expect on the project(s). We expect that students will customize this report to the needs of your project. This report is flexible and may include written summaries, data disk, survey tool, teaching materials, etc. – whatever best serves your needs and the project(s) needs.

☐ Complete an evaluation of the student at the end of the internship experience and email Field Placement Coordinator. Since the internship is a learning experience, preceptors should have a candid discussion about the evaluation with their student.

• Document your work and time as a Preceptor according to your agency’s evaluation protocol.

Project Selection

We ask that preceptors and their agencies choose projects that they would like students to work on. When making choices for students, please consider the complexity of the project, time demands for the preceptor and the student, timeliness of project deliverables, and feasibility for student the student to complete the work, e.g. working with outside collaborators, having adequate resources, and similar constraints. The project should take roughly 360 hours total (240 hours for DVM/MPH students). After selecting a project, list in detail the steps involved in project. The student is responsible for coordinating with the MPH Program Faculty Advisors about the project selection.
Once you have registered for internship credits, you will have access to the internship tracking site. You will find everything you need to manage your internship and submit your internship forms. The internship tracking site will look like this in Canvas:

Once you enter the site, you will go to ‘MODULES’. The information you need corresponds with each stage of your internship.

To upload an internship form, choose a tab from the above selections. You will find an option to upload your internship documents. You will need to scan or create a digital copy of your documents so they can be uploaded. Scanned signatures are acceptable.
INTERNSHIP AGREEMENT
UNIVERSITY OF MISSOURI
MASTER OF PUBLIC HEALTH PROGRAM

STUDENT STATEMENT:
I,________________________________________agreed to perform my internship at the agency and with the Preceptor named below. I understand that in order to satisfy the internship requirement, my proposed project(s) must have the approval of the Preceptor and the Faculty Advisor. I have attached learning objectives and activities with this contract. I agree to complete all pre-internship requirements (readings, physical exams, background checks, etc.) as requested by the sponsoring agency. I understand that I must complete approximately 360 clock hours (240 hours for MPH/DVM students) to satisfy program requirements. This might be completed as a single full-time block (about 9 weeks at 40 hours per week) or part-time during the course of several months and up to one year. The current internship will be approximately ___ hours/week for ___ weeks. Compensation for this internship period will be $__ per____. I understand I may or may not receive compensation. I understand that if I do receive compensation, it will be from the agency and not from the University of Missouri. I understand that I may or may not be covered by the agency’s worker compensation benefit, and I agree to obtain health insurance in the event I will not be covered by the agency for worker’s compensation. I understand that the Preceptor and Field Placement Coordinator will evaluate my progress jointly. I will present all report materials in the format requested by the Preceptor and/or the Field Placement Coordinator. I understand that if my performance is not satisfactory, I may be re-assigned by the Field Placement Coordinator. I will complete all required evaluations and documentation as specified in the MPH Internship Handbook and submit them as instructed. I understand that a final grade will not be issued until the Faculty Advisor receives all paperwork.

With respect to the agency, I agree to maintain privacy regarding any information with special confidentiality requirements (patient information, financial information, etc.).

Student Name (please print): ________________________________________________

Student Signature: ________________________________________________ Date: __________

Preceptor Name (please print): ______________________________________________

Preceptor Signature: ________________________________________________ Date: __________

Agency/Organization: ________________________________________________ Date: __________

Faculty Advisor Signature: ______________________________________________ Date: __________

Dual Degree Advisor Signature: __________________________________________ Date: __________

(If Needed)
# INTERNSHIP STATEMENT OF PURPOSE

**UNIVERSITY OF MISSOURI MASTER OF PUBLIC HEALTH PROGRAM**

(Attach more information if needed)

## Instructions:
1. Complete the 2nd and 3rd column of the table given below at the start of the internship. You will need a list of your internship objectives to fill out this document.
2. Competencies may be selected with the help of your Faculty Advisor and Field Placement Coordinator and is found in the first column of the table given below. Write your internship objective in the 2nd column against the competency you'll be gaining and DELETE the row/competency you are not addressing.
3. Objectives should be measurable and specific to the internship project (e.g., develop a survey for assessing barriers to breast-feeding in low-income women. This example will go against the 2nd competency under the Evidence-based approaches to Public Health, highlighted in yellow—see below)
4. EACH student must cover at least 5 competencies in their internship and three of those competencies need to be foundational competencies while two must be emphasis area specific.
5. At the start of your internship, this Statement of Purpose must be signed by your Faculty Advisor and Preceptor.
6. At Midterm and Final, the objectives should be re-evaluated and addressed in the appropriate column and signed by your preceptor.
7. Upload the Statement of Purpose to the MPH Internship tracking site in Canvas at the start, middle and end of your internship.

### The overall purpose of my internship is:

<table>
<thead>
<tr>
<th>Competencies or learning objective</th>
<th>Corresponding internship objective /task you will be doing!</th>
<th>Estimated Date of completion</th>
<th>Midterm Progress</th>
<th>How many of your initial goals have been completed?</th>
<th>Final Evaluation What did you complete?</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOUNDATIONAL COMPETENCIES (must meet minimum of 3).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evidence-based Approaches to Public Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apply epidemiological methods to the breadth of settings and situations in public health practice</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Select quantitative and qualitative data collection methods appropriate for a given public health context</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpret results of data analysis for public health research, policy or practice</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Health &amp; Health Care Systems</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Planning &amp; Management to Promote Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Student Name (please print):__________ Anticipated Start Date:__________ Completion Date:__________

Internship for Global Public Health (GPH) Certificate? ________ YES ________ NO

Do you already have approval for counting your internship towards Global Public Health Certificate? ________ YES ________ NO

If no, contact Teejay Sethi at SethiT@health.missouri.edu for approval.
<table>
<thead>
<tr>
<th><strong>Policy in Public Health</strong></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advocate for political, social or economic policies and programs that will improve health in diverse populations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaluate policies for their impact on public health and health equity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Leadership</strong></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apply negotiation and mediation skills to address organizational or community challenges</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Communication</strong></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Select communication strategies for different audiences and sectors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicate audience-appropriate public health content, both in writing and through oral presentation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Describe the importance of cultural competence in communicating public health content</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interprofessional Practice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perform effectively on interprofessional teams</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Systems Thinking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apply systems thinking tools to a public health issue</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emphasis area specific competencies  (MUST meet minimum 2 from your emphasis area track only)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Promotion and Policy</strong></td>
</tr>
<tr>
<td>Identify individual, organizational, and community concerns, resources, and needs for community-based interventions.</td>
</tr>
<tr>
<td>Describe steps and procedures for the planning, implementation, and evaluation of public health programs, policies, and interventions.</td>
</tr>
<tr>
<td>Understand the legal and ethical dilemmas posed by public health policy implementation.</td>
</tr>
<tr>
<td>State policy options and write clear and concise policy statements.</td>
</tr>
<tr>
<td>Identify, interpret, and understand the process for implementing public health laws, regulations, and policies related to specific programs.</td>
</tr>
<tr>
<td>Be prepared to be a key participant in the development and implementation of emergency response plans.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Veterinary Public Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understand the key role that animals and vectors play in the physical, mental and social well being of humans.</td>
</tr>
<tr>
<td>Define the key concepts in zoonotic disease diagnosis, control, and prevention.</td>
</tr>
<tr>
<td>Evaluate a surveillance system for important zoonosis.</td>
</tr>
<tr>
<td>Clearly identify a health care worker’s legal responsibilities in reporting zoonotic disease outbreaks and their interaction with the broader U.S. public health system</td>
</tr>
<tr>
<td>Describe mitigation, disaster preparedness, response, and recovery as it relates to a bioterrorism event and be prepared to be a key participant in the development and implementation of an emergency response plan</td>
</tr>
<tr>
<td>Describe the government’s, private sector’s and health care provider’s role in food safety.</td>
</tr>
</tbody>
</table>
**SIGNATURE PAGE**

**EACH** student must cover at least 5 competencies in their internship and three of those competencies need to be foundational competencies while two must be emphasis area specific.

<table>
<thead>
<tr>
<th>Internship stage</th>
<th>Preceptor Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Starting your internship</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internship midterm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finishing your internship</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2nd and 3rd column of the table above should be complete before submitting it on to CANVAS

Preceptor Signature:  
Faculty advisor  
Signature:  
Date:  

Student signature:  
Date:  

2nd, 3rd and 4th column should be complete

Preceptor Signature:  
Date:  

All the columns should be complete

Preceptor Signature:  
Date:  

Student Signature:  
Date:
# PRECEPTOR INFORMATION

<table>
<thead>
<tr>
<th>Student Information</th>
<th>Preceptor Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Name</td>
</tr>
<tr>
<td>Organization(s)</td>
<td>Organization(s)</td>
</tr>
<tr>
<td>Phone Number</td>
<td>Phone Number</td>
</tr>
<tr>
<td>E-mail</td>
<td>E-mail</td>
</tr>
<tr>
<td>MPH Emphasis</td>
<td>Address</td>
</tr>
<tr>
<td>Job Title</td>
<td>Job Title</td>
</tr>
<tr>
<td>Degrees/Certifications</td>
<td>Degrees/Certifications</td>
</tr>
<tr>
<td>Internship Description (limit 250 words)</td>
<td>Public Health Experience (limit 250 words)</td>
</tr>
</tbody>
</table>
**LOG OF HOURS**
(for University of Missouri Master of Public Health Program Internship)

Intern: ____________________________  Duration: ____________________________

Preceptor: _________________________  Log sheet #: ____________________________

Organization: _____________________________________________________________

Please make sufficient copies before filling out for yourself/preceptor/organization/MPH Program.

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
<th>Start</th>
<th>End</th>
<th>Total duration</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Hours: ________________

(Signature of student)  (Date)

(Signature of Preceptor)  (Date)
INTERNERSHIP PROGRESS REPORT

**Intern:** Complete this form about **halfway through** the internship. Upload this form via the MPH Tracking canvas Site. Feel free to contact the Field Practicum Coordinator phillipslm@health.missouri.edu for any questions/comments/concerns. **REMINDER:** Please submit an updated Statement of Purpose form with this internship progress report.

Student Name: ____________________________________________

Internship Site: ____________________________________________

Preceptor: __________________________________________________
(Title)

Period Covered by Progress Report: __________________________ through ______________________

Total Hours Completed to Date: ________________________________

Activities observed and/or participated in during this period:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

A. **Student Intern Comments:**

1. Brief description of Internship to date:

______________________________________________________________________________

2. Self-assessment of progress/accomplishments:

______________________________________________________________________________
PRECEPTOR FINAL INTERNSHIP EVALUATION

Preceptor: Complete this evaluation within **one week** following the completion of the internship. Please review the evaluation with the student and then return it to the student.

Student Name: ____________________________________________________________

Internship Site: __________________________________________________________

Preceptor: _______________________________________________________________

Internship Dates: from ___________________________ through ______________________

Please evaluate the MPH intern’s
5 – Excellent 4 – Above Average 3 – Average 2 – Below Average 1- Needs Improvement NA – Not Applicable

A. Internship Performance:
Reliability (attendance, punctuality, etc.) 5 4 3 2 1 NA

Initiative 5 4 3 2 1 NA

Organizational Skills 5 4 3 2 1 NA

Enthusiasm for Project(s) 5 4 3 2 1 NA

Time Management (completing projects, etc.) 5 4 3 2 1 NA

Independence in Project(s) 5 4 3 2 1 NA

Team Skills 5 4 3 2 1 NA

Exercised Appropriate Judgment 5 4 3 2 1 NA

Student competency goals (from Statement of Purpose) achieved
1___________________________ 5 4 3 2 1 NA

2___________________________ 5 4 3 2 1 NA

3___________________________ 5 4 3 2 1 NA

4___________________________ 5 4 3 2 1 NA

5___________________________ 5 4 3 2 1 NA

6___________________________ 5 4 3 2 1 NA

7___________________________ 5 4 3 2 1 NA

Revised March, 2018
Comments:

(Signature of Preceptor)                            (Date)

(Signature of Student)                             (Date)
STUDENT FINAL INTERNSHIP EVALUATION

Upload the form within **one week** of completing the internship to MPH Internship Tracking Canvas Site.

Internship Site Evaluation

Student Name: _____________________________________________________________

Internship Site: __________________________________________________________

Preceptor: _______________________________________________________________

Internship Dates: from __________________________ through ______________________

Please answer the following questions including the comments section.

**SA:** Strongly Agree **SD:** Strongly Disagree **A:** Agree **D:** Disagree **NA:** Not Applicable

1. My internship contributed to the development of my career interests. SA A D SD NA

2. My internship provided me with new information and skills. SA A D SD NA

3. My internship provided an opportunity to use theory and/or information obtained in the classroom. SA A D SD NA

4. My internship activities were relevant to my learning objectives. SA A D SD NA

5. My preceptor was accessible to me and provided adequate supervision. SA A D SD NA

6. My preceptor provided information regarding agency policies and standards of practice. SA A D SD NA

7. My preceptor was knowledgeable in his/her area of responsibility. SA A D SD NA

Comment: ________________________________________________________________

________________________________________________________________________

________________________________________________________________________

(Signature of Student) (Date)
Guidelines for Final Paper

The student must submit (via the MPH Internship Canvas Tracking Site) a brief paper or report that summarizes internship activities and accomplishments. The format of the summary may vary, but it should sufficiently describe the following:

- Describe your internship—did you participate in any special or additional projects?
- Share your views on the experience, achievement of learning objectives, strengths, and weaknesses. Please ensure that you reference how your internship incorporated MPH competencies (see attached document)
- Describe how your internship helped meet at least one cross-cutting MPH competency; select all applicable categories (please refer to checklist below).

The paper should be:
- No more than 1000 words.
- Use font of Times New Roman with size of 12.
- Uploaded one week after completion of internship.

Cross-Cutting Competencies

☐ Use the basic concepts and skills involved in culturally appropriate community engagement and empowerment with diverse communities.

☐ Cite examples of situations where consideration of culture-specific needs resulted in a more effective modification or adaptation of a health intervention.

☐ Describe the attributes of leadership in public health.

☐ Apply social justice and human rights principles when addressing community needs.

☐ Embrace a definition of public health that captures the unique characteristics of the field (e.g., population-focused, community-oriented, prevention-motivated and rooted in social justice) and how these contribute to professional practice.

☐ Distinguish between population and individual ethical considerations in relation to the benefits, costs, and burdens of public health programs.

☐ In collaboration with others, prioritize individual, organizational, and community concerns and resources for public health programs.

☐ Explain how the contexts of gender, race, poverty, history, migration, and culture are important in the design of interventions within public health systems.

☐ Analyze the effects of political, social and economic policies on public health systems at the local, state, national and international levels.
Please enter your essay response here.
Master of Public Health Competencies
Revised 2018

Foundational Competencies: EVIDENCE BASED APPROACHES TO PUBLIC HEALTH, PUBLIC HEALTH & HEALTH CARE SYSTEMS, POLICY IN PUBLIC HEALTH, LEADERSHIP, COMMUNICATION, INTERPROFESSIONAL PRACTICE, & SYSTEMS THINKING

EMPHASIS Area SPECIFIC: HEALTH PROMOTION & POLICY, VETERINARY PUBLIC HEALTH

**FOUNDATIONAL COMPETENCIES**

**Evidence-based Approaches to Public Health**
1. Apply epidemiological methods to the breadth of settings and situations in public health practice
2. Select quantitative and qualitative data collection methods appropriate for a given public health context
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate
4. Interpret results of data analysis for public health research, policy or practice

**Public Health & Health Care Systems**
5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings
6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels

**Planning & Management to Promote Health**
7. Assess population needs, assets and capacities that affect communities’ health
8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs
9. Design a population-based policy, program, project or intervention
10. Explain basic principles and tools of budget and resource management
11. Select methods to evaluate public health programs

**Policy in Public Health**
12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes
14. Advocate for political, social or economic policies and programs that will improve health in diverse populations
15. Evaluate policies for their impact on public health and health equity

**Leadership**
16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making
17. Apply negotiation and mediation skills to address organizational or community challenges

**Communication**
18. Select communication strategies for different audiences and sectors
19. Communicate audience-appropriate public health content, both in writing and through oral presentation
20. Describe the importance of cultural competence in communicating public health content

**Interprofessional Practice**

21. Perform effectively on interprofessional teams

**Systems Thinking**
22. Apply systems thinking tools to a public health issue
**Emphasis Area Specific: Health Promotion and Policy**

1. Identify individual, organizational, and community concerns, resources, and needs for community-based interventions.
2. Describe steps and procedures for the planning, implementation, and evaluation of public health programs, policies, and interventions.
3. Understand the legal and ethical dilemmas posed by public health policy implementation.
4. State policy options and write clear and concise policy statements.
5. Identify, interpret, and understand the process for implementing public health laws, regulations, and policies related to specific programs.
6. Be prepared to be a key participant in the development and implementation of emergency response plans.

**Emphasis Area Specific: Veterinary Public Health**

1. Understand the key role that animals and vectors play in the physical, mental and social well being of humans.
2. Define the key concepts in zoonotic disease diagnosis, control, and prevention.
3. Evaluate a surveillance system for important zoonosis.
4. Clearly identify a health care worker’s legal responsibilities in reporting zoonotic disease outbreaks and their interaction with the boarder U.S. public health system.
5. Describe mitigation, disaster preparedness, response, and recovery as it relates to a bioterrorism event and be prepared to be a key participant in the development and implementation of an emergency response plan.
6. Describe the government’s, private sector’s and health care provider’s role in food safety.
7. Describe how animal welfare, food safety, animal control and animal sheltering impact public health.
8. Identify environmental challenges that threaten ecosystem balance and explain how habitat preservation is important to public health.
Appendix 1: Student Internship Interest Form
Student Internship Interest Form

Consider the following areas as a guide while preparing to select an internship. Write responses in the space provided if you wish to review this form with your Faculty Advisor or the Associate Director.

SETTING/TYPe OF AGENCY: Types of agencies/organizations (e.g. hospital, health department, industry governmental agency, etc.) that you believe would provide the kind of educational and professional experience you need:

SKILLS: Any special skills you wish to use or develop during the internship:

SUBJECT/CONTENT AREAS: Content areas (e.g. health promotion, infectious diseases, social issues, etc.) in which you might like to work:

LOCATION: List in order of preference the geographic location(s) you would prefer:

SPECIAL POPULATIONS: Any special populations you would like to work with (e.g., children, women, persons with disabilities, etc.)

PERSONAL NEEDS: Consider all personal needs that could constrain your placement at a particular site (e.g. accommodations needed as per ADA, religious considerations, etc.)

TIMING: Any preferences regarding timing, including work schedule requirements, time of year requirements, etc.

FINANCIAL: Not all public health internships are paid. Do you need a paid internship?
☐ Yes, I need a paid internship. ☐ No, I do not need a paid internship.

OUT-OF-TOWN: Have you considered out-of-town internship (e.g. CDC)? If you are interested in an out-of-town internship, are you able to take care of transportation and housing during that time:

OTHER COMMENTS: Please provide any other information that would assist the MPH faculty in finding an appropriate internship for you.
Appendix 2: Internship Description Template

This form is for preceptors interested in intern recruitment. Completed templates will be placed at http://publichealth.missouri.edu/students_internships_list.php
INTERNERSHIP DESCRIPTION TEMPLATE

- Agency: __________________________
- Department name: __________________________
- Overview of the program:

- Overview of the internship:
  Description:

  Pay/ Stipend:

  Start date:

  End date:

  Hours required (internships are typically 360 hours total):

  When is this opportunity available, and how many positions will be filled?:

  Are there any additional qualifications needed?:

  Is the position on-site or off-site?:

  Will travel and/or personal transportation be required?:

  Housing – if outside of Columbia, MO, will there be housing available?

- Application deadlines: __________________________
- Contact information: __________________________
Appendix 3: Field Practicum Placement Agreement
Field Practicum Placement Agreement
Between
The Curators of the University of Missouri
And

This agreement is made on the ______ day of _______, between the Curators of the University of Missouri, for the Master of Public Health (MPH) Program, University of Missouri, hereinafter referred to as “the University” and hereinafter referred to as “the Agency”.

It is mutually agreed by the University and the Agency that the practicum experience for students, in the field of Public Health, will be provided at the agency.

The number of students assigned at a given time shall be determined by the Agency. Representatives of the Agency and the University shall cooperate in developing methods of instruction, objectives and other details of the field experience.

The faculty of the University will assume responsibility for the selection and assignment of students to the learning experience. The students shall follow the Agency’s rules, regulations and procedures. If problems arise, the Field Placement Coordinator for the University shall be notified and representatives from the University and Agency will mutually handle such problems.

Students will receive a thorough orientation to the Agency setting. University faculty members and Agency staff supervisors will evaluate the students’ performances by mutual consultation.

The Agency will retain full responsibility for the clients of the Agency and will maintain administrative and professional supervision of students insofar as their presence affects the operation of the Agency and/or the direct or indirect provision of services for clients of the agency.

The Agency shall be responsible for arranging immediate care in case of accident or illness of students but is not responsible for the costs involved, follow-up care or hospitalization.

It is understood that assigned students are not University employees and therefore are not covered by Social Security, Unemployment compensation or Worker’s Compensation through the University.

The University and the Agency do not and will not discriminate against any applicant for the field experience because of race, color, religion, sex, handicap, national origin, age, or status as a Vietnam era veteran.
This agreement shall begin on the date set forth above in the initial paragraph of the Agreement and shall terminate on the 31st day of August, __________, provided, however, that the Agreement shall continue thereafter automatically for successive one-year terms running from September 1 to August 31, subject, however, to the right of either party to terminate the agreement, without liability or cause, at the end of the initial term or at the end of any subsequent annual term by giving the other party prior written notice no later than August 1st immediately preceding the beginning of the next successive annual term on September 1st.

IN WITNESS WHEREOF, the parties hereto have caused this instrument to be duly executed by their properly authorized representatives.

THE CURATORS OF THE UNIVERSITY OF MISSOURI

Agency

Name

Signature

Title

Date

Agency’s Mailing Address & Phone Number

________________________________________

________________________________________

________________________________________

( ) __________________________
Appendix 4: IRB Decision Algorithm
IRB Certification Decision Algorithm

Under each item, choose A, B, or C

1. **Intent**
   A. Your project is generating new information or validating existing knowledge within the framework of a theory or model.
   B. Your project is improving a practice/process or ensuring that the practice/process confirms with expected norms
   C. Your project is translating evidence and applying it to clinical decision-making

2. **Design**
   A. Your project is utilizing randomization and investigational treatments, drugs or devices, and may involve significant deviation from standard practice.
   B. Your project is a comparison of standard practices, techniques, or processes.
   C. Your project is guidance or evidence-based and limited to a specific group or population

3. **Mandate/Funding**
   A. Your project is not mandated by the institution or program it serves, and it has external funding sources specifically earmarked for research.
   B. Your project is a critical activity for the institution/clinic it serves, and it is funded internally.
   C. Your project is mandatory for the function of the program it serves, and it is funded internally

4. **Effect**
   A. The results of your project are not expected to directly affect institutional or programmatic practice.
   B. The results of your project will directly affect institutional processes, and it will identify necessary corrective action(s).
   C. Your findings are expected to identify needed improvements in how the program is conducted.

5. **Subjects**
   A. Your project has clearly defined inclusion/exclusion criteria for study subject selection, and your sample size will be statistically justified to ensure endpoints are met.
   B. Your project will include all or most of the information on participants within particular treatment, practice or process, and exclusion of information from a portion of the participants will significantly affect conclusions.

6. **Benefit**
   A. Participants in your study may derive individual benefit, but your project may also benefit society as a whole.
   B. Subjects in your study will directly benefit from participation.
   C. Participants will not derive any direct benefit from your study, as it concentrates on program improvements and cost-benefit analysis.

**Scoring:**
A = 1 point
B = 2 points
C = 3 points
6-8 points (Mostly A's)

You are most likely conducting a research project, and it is recommended that you undergo the IRB certification process.

9-12 points (Mostly B's)

You are most likely conducting a quality improvement project, and you may need IRB approval. Please consult your preceptor.

13-17 points (Mostly C's)

You are probably conducting an evidence-based practice evaluation, and it is not likely that you will need IRB approval.
Appendix 5: Additional International Travel Information
Begin international internship

Step 1: Prepare for internship search

Step 2: Search international internship opportunities
- Consult with MPH Faculty to identify MU-affiliated opportunities

Step 3: Choose independent internship
- Choose structured

Step 4: Develop budget and consider funding options

Step 5: Get approval from Faculty Advisor & International Internships Coordinator

Step 6: Register with International Center: International Travel Registry
- Final Placement Decision

Step 7: A) Contact Internship Preceptor
- B) Research Country Information
- C) Complete Other MPH Program Requirements

Step 8: Contact International Internships Coordinator and review remaining course requirements

Step 9: Begin international internship

Complete post-internship requirements

Timeline:
- Fall
- Spring
- Summer
- Summer/Fall
International Internship Process Details

1. **Prepare for internship search**
   - Revise/update resume
   - Complete Self-Assessment
   - Meet with Faculty Advisor & International Internships Coordinator
   - Research funding opportunities and develop budget
     - a. MPH Program Student Opportunities Fund (application requirements attached)
     - b. Look for travel scholarships. The MU International Center has various opportunities.
     - c. Independent fundraising
     - d. Talk to past international interns

2. **Search international internship opportunities**
   - Apply for competitive internships
   - Search online
   - Consult with MPH Faculty to identify MU-affiliated opportunities

3. **Choose independent internship, OR**
   - Choose structured opportunity
     - EWB
     - ProWorld
     - International Center
     - faculty-led

4. **Get final approval from Faculty Advisor & International Internships Coordinator**

5. **Finalize budget and apply for funding (if applicable)**

6. **Register with International Center for an Independently Arranged Int’l Activity (IAIA)**
   - There is no application fee and student travel insurance fee is $32.25/month
   - Complete International Center Pre-Departure Orientation (online)

7. **A) Contact Preceptor, AND**
   - Complete Internship Agreement
   - Complete Field Practicum Agreement
   - Complete Statement of Purpose

   **B) Research Country Information, AND**
   - Review CDC site and get required immunizations from MU Student Health Center
     - a. Begin immunization process before April 1
     - b. Travel visit cost is $50 (not covered by student health fee)
   - Review State Department site
   - Review International Center (IC) site and handbook
   - Acquire passport (if needed)
   - Familiarize yourself with visa requirements
C) **Complete Other MPH Program Requirements**
- Sign Ethical Conduct Agreement
- Register for P_HLTH 8980 in myZou
- Log in to Canvas
- Review MPH internship handbook
- Complete Global Ambassadors for Patient Safety Workshop (Bb)

8. **Stay in touch with International Internships Coordinator and review remaining course requirements**

9. **Begin international internship**

10. **Complete post-internship requirements**
   A) **Complete and upload MPH documents to Canvas**
   - Final Statement of Purpose
   - Student Evaluation of Internship
   - Request Preceptor Evaluation of Internship
   - Complete Internship Log of Hours
   - Summary Report/Project

   B) **Complete any additional reports or documentation as required by preceptor and/or funders.**

   C) **Share your internship experiences with other students** via new student orientations, general information sessions, etc. as requested by MPH Program faculty and staff.

   D) **Create and present a poster** at a local or national conference detailing project and findings if applicable.
The purpose of the Student Opportunities Fund (SOF) is to provide financial assistance to MPH students who present papers or posters at academic conferences and/or complete internship/international experience requirements per the MPH curriculum. The intent of the SOF is to help defray some of the costs associated with these activities. Funding is competitive and not all applications for support will be granted. Criteria will include the student’s funding application, academic standing, and the relevance of the proposed project/event to the MPH curriculum. Students are limited to one award in each category (conference/internship-international experience) and must use the funds during the semester for which they are granted.

### MPH Degree-Seeking Students

#### Funding Requests for Internships:

- Student must be registered for P_HLTH 8980;
- Student must have earned at least 18 credit hours;
- Internship must take place outside of Missouri

**Award**

- Funds may only be used for the following permitted expenses:
  - Lodging
  - Meals
  - Transportation while completing internship (taxi, bus, subway, etc.)
- Non-permitted expenses include:
  - Domestic travel to internship destination
- Funds will be disbursed as a lump sum reimbursement for the awarded amount.
- Awards may not exceed $500 for domestic and $1000 for international internship

#### Funding Requests for Conferences:

- Student must present a poster or paper at a public health-focused conference;
- After the conference, students must provide proof of attendance (e.g. poster/paper acceptance to the conference, itinerary, etc.) to the MPH Main Office;
- Funding is not available for posters presented at the Missouri Public Health Association annual conference

**Award**

- Funds are intended to divert those costs not covered by the host organization
- Permitted expenses include:
  - Conference registration
  - Airfare and travel while attending the conference (taxi, bus, subway, etc.)
  - Poster printing
  - Meals and lodging
- Awards may not exceed $300
Certificate Students

Funding Requests for Completing International Experience Requirement

- Student must be earning credit for International Experience and must complete all requirements associated with the Graduate Certificate of Global Public Health international experience;
- Student must have completed or be currently enrolled in at least 2 of the 5 required courses toward the Graduate Certificate in Global Public Health prior to the submission of a funding request;
- Funds are to be used according to the International Experience criteria (website);
- Certificate students who apply for International Experience funding may also apply for conference funding;
- Awards may not exceed $1200

Application Materials

Funding awards are announced prior to the activity and disbursements are made following the completion of the activity. For example, students who complete an internship in summer 201 may apply for funding and receive notification of award prior to the internship; however the award will not be disbursed until fall 2018 upon completion of the internship and submission of receipts. Completed funding applications must be submitted one month prior to the activity for which funding is requested. Disbursements are made within 30 days of receipts submission.

For ALL applicants:
1. Completed Student Opportunities Fund Application form;
2. Essay (see SOF Application for details);
3. Itemized list of anticipated expenses; **AND**

For internship funding requests:
4. Completed Statement of Purpose;
5. Completed Internship Agreement;
6. Completed Field Practicum Placement Agreement, if applicable;
7. Copy of passport/visa, if applicable

For conference presentation funding requests:
5. Abstract/outline/written description of your presentation
Post-Internship/Conference Obligations

Funding recipients must fulfill the following post-internship/conference obligations as a condition of the funding award:

**ALL Students:**

- Submit receipts to the MPH office within three weeks of return. Students must submit original receipts (taxi, hotel, etc.) to the MPH Main Office for all requested reimbursements. An acceptable receipt must show the amount and form of payment.
- All students are required to present a poster based on their internship experience at Missouri Public Health Association Conference and MPH Program’s annual stakeholders meeting.

**Global Public Health Certificate Students:**

- Complete and submit International Experience journal and essay to the MPH Main Office (Lewis 802).

**Conference Attendees:**

- A photocopy of the page(s) on the conference program that includes the student’s name and activities.

**Additional Funding Sources**

- [John Bies Travel Scholarship](#)
- [Mizzou Advantage Student Travel Awards](#)
- [University of Missouri Graduate Student Association Travel Awards](#)
- [University of Missouri Graduate Professional Council Travel Awards](#)
- MPH GSA Fundraising (contact MPH GSA President for more information)
### Sample International Internship Budget Planning Worksheet

This International Internship Budget Worksheet is designed to help you estimate the costs of your internship and to compare costs across programs you may be considering. Programs vary in cost, and in the services that the program fee covers. Please pay close attention to these details as you fill this out. While considering your options, you should consult with the MU Student Financial Aid Office, International Center, and MPH Program to explore financial aid and other funding options. Additionally, all international interns are required to register through the International Center ($50 non-refundable fee) and purchase their accident and sickness insurance ($32.50/month, prorated), which charged student.

<table>
<thead>
<tr>
<th>Description of Expense</th>
<th>Program 1:</th>
<th>Program 2:</th>
<th>Program 3:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program Fee</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuition</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meals (how many per week/month?)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Application fee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confirmation deposit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program fee discount available?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Transportation</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>International airfare</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Train, bus, or other travel to program site</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Travel Documents &amp; Immunizations</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Passport, visa, photos, entry/exit tax, etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel insurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immunizations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Texts &amp; Materials</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Books</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other course supplies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Housing &amp; Meals (not included in Program Fee)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional housing costs during program</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing deposit or permit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional meals during program</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing and meals during breaks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Essential Daily Living Expenses</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local transportation (bus pass, subway pass, taxi)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communications (phone card, cell phone, postage)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toiletries and laundry</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency cash</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Spending Money</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Optional excursions and other independent travel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Souvenirs and gifts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Estimated Cost of Attendance</strong></td>
<td>$ 0.00</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
</tr>
</tbody>
</table>
What is not covered?
Unless specifically provided for elsewhere under the Plan, the Plan does not cover loss caused by or resulting from, nor is any premium charged for, any of the following:

1. Expenses incurred in excess of Reasonable Expenses.
2. Services or supplies that the Insurer considers to be Experimental or Investigative.
3. Preventative medicines, routine physical examinations, or any other examination where there are no objective indications of impairment in normal health, including routine care of a newborn infant, unless otherwise noted.
4. Services and supplies not Medically Necessary for the diagnosis or treatment of a Sickness or Injury, unless otherwise noted.
5. Surgery for the correction of refractive error and services and prescriptions for eye examinations, eye glasses or contact lenses or hearing aids, except when Medically Necessary for the Treatment of an Injury.
6. Plastic or cosmetic surgery, unless they result directly from an Injury which necessitated medical treatment within 24 hours of the Accident.
7. Expenses incurred as a result of pregnancy that is not covered.
8. Expenses incurred for diagnostic investigation or medical treatment for infertility, fertility, or birth control.
9. For diagnostic investigation or medical treatment for congenital conditions, except for a newborn child insured under the Plan.
10. Expenses incurred within the Covered Person’s Home Country.
12. Outpatient treatment for specified therapies including, but not limited to, Physiotherapy and acupuncture which does not follow a covered Hospital Confinement or surgery.
13. Deviated nasal septum, including submucous resection and/or surgical correction, unless treatment is due to or arises from an Injury.
14. Loss due to an act of war; service in the armed forces of any country or international authority and participation in a: riot; or civil commotion.
15. Riding in any aircraft, except as a passenger on a regularly scheduled airline or charter flight.
16. Loss arising from a. participating in any professional sport, contest or competition; b. skin/scuba diving, sky diving, hang gliding, bungee jumping.
17. Medical Treatment Benefits provision for loss due to or arising from a motor vehicle Accident if the Covered Person operated the vehicle without a proper license in the jurisdiction where the Accident occurred.
18. Under the Accidental Death and Dismemberment provision, for loss of life or dismemberment for or arising from an Accident in the Covered Person’s Home Country.

Claims Submission
Claims are to be submitted to HTH Worldwide, Attn: International Claims, One Radnor Corporate Center, Suite 100, Radnor PA 19087 USA. See the hthstudents.com website for claim forms and instructions on how to file.
Who is eligible for coverage?
All regular, full-time and part-time Eligible Participants and Eligible Dependents of the educational organization or institution who:
1. Are engaged in international educational activities; and 2. Are temporarily located outside his/her Home Country as a non-resident alien; and 3. Have not obtained permanent residency status.

When does coverage start?
Coverage for an Eligible Participant and their Eligible Dependents starts at 12:00:01 a.m. on the latest of the following:
1) The Coverage Start Date shown on the Insurance Identification Card; 2) The date the requirements in Section 1 – Eligible Classes are met; or 3) The date the premium and completed enrollment form, if any, are received by the Insurer or the Administrator.
Thereafter, the insurance is effective 24 hours a day, worldwide except whenever the Covered Person is in his/her Home Country; 6) The date the Eligible Person permanently leaves the Country of Assignment for his/her Home Country as a non-resident alien; and 3. Have not obtained permanent residency status.

When does coverage end?
Coverage for an Eligible Participant and their Eligible Dependents will automatically terminate on the earliest of the following dates: 1) The date the Policy terminates; 2) The date the Required Period of Coverage expires; 3) The date the Eligible Participant ceases to meet the Individual Eligibility Requirements; 4) The end of the term of coverage specified in the Eligible Participant’s enrollment form; 5) The date the Eligible Person permanently leaves the Country of Assignment for his/her Home Country; 6) The date the Eligible Participant requests cancellation of coverage (the request must be in writing); or 7) The premium due date for which the required premium has not been paid, subject to the Grace Period provision. 8) The end of any Period of Coverage.

What to do in the event of an emergency
All Eligible Participants are entitled to Global Assistance Services while traveling outside of the United States. In the event of an emergency, they should go immediately to the nearest physician or hospital without delay and then contact HTH Worldwide. HTH Worldwide will then take the appropriate action to assist and monitor the medical care until the situation is resolved. To contact HTH Worldwide in the event of an emergency, call 1.800.257.4823 or collect to +1.610.254.8771.

Coordination of Benefits
Some people have health care coverage through more than one medical insurance plan at the same time. COB allows these plans to work together so the total amount of all benefits will never be more than 100 percent of the allowable expenses during any Period of Coverage. This helps to hold down the costs of health coverage. COB does not apply to life insurance, accidental death and dismemberment, or disability benefits.

hthstudents.com
Once Eligible Participants receive their Medical Insurance ID card from HTH Worldwide, they should visit hthstudents.com, and using the certificate number on the front of the card, sign in to the site for comprehensive information and services relating to this plan. Participants can track claims, search for a doctor, view plan information, download claim forms and read health and security information.

Limitations
Pre-existing conditions are covered under this plan. The Plan does not pay benefits for maternity coverage unless conception occurred while the Covered Person was insured under the Plan above.

What does the plan cost?

<table>
<thead>
<tr>
<th>Rates per Month</th>
<th>Participant</th>
<th>Spouse</th>
<th>Dependent</th>
</tr>
</thead>
<tbody>
<tr>
<td>$32.25</td>
<td>$32.25</td>
<td>$32.25</td>
<td></td>
</tr>
</tbody>
</table>

Who is eligible for coverage?

<table>
<thead>
<tr>
<th>MEDICAL EXPENSE</th>
<th>Limits – Covered Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Period of Coverage Maximum Benefits</td>
<td>$250,000</td>
</tr>
<tr>
<td>Maximum Benefit per Injury or Sicknesses</td>
<td>$250,000</td>
</tr>
<tr>
<td>Period of Coverage Deductible</td>
<td>$0 per Injury or Sickness</td>
</tr>
<tr>
<td>ACCIDENTAL DEATH AND DISMEMBERMENT</td>
<td>Maximum Benefit: Principal Sum up to $10,000 for Participant; up to $5,000 for Spouse; up to $1,000 per Child(ren)</td>
</tr>
<tr>
<td>REPATRIATION OF REMAINS</td>
<td>Maximum Benefit up to $25,000</td>
</tr>
<tr>
<td>MEDICAL EVACUATION</td>
<td>Maximum Lifetime Benefit up to $100,000</td>
</tr>
<tr>
<td>BEDSIDE VISIT</td>
<td>Up to a maximum benefit of $1,500</td>
</tr>
</tbody>
</table>

What is covered by the plan?

| Physician Office Visits, Inpatient Hospital Services, Emergency Hospital Services, Hospital and Physician Outpatient Services | 100% of Reasonable Expenses |

Schedule of Benefits – Table 3 – Medical Expense Benefits
Benefits listed below are subject to Lifetime Maximums, Annual Maximums, Maximums per Injury and Sickness, Co-Insurance, Deductibles, Out-of-Pocket Maximums; and Table 2 Plan Type Limits

<table>
<thead>
<tr>
<th>MEDICAL EXPENSE</th>
<th>Limits – Covered Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternity Care for a Covered Pregnancy</td>
<td>Reasonable Expenses. Conception must have occurred while the Covered Person was insured under the Plan.</td>
</tr>
<tr>
<td>Inpatient treatment of mental and nervous disorders including drug or alcohol abuse</td>
<td>Reasonable Expenses</td>
</tr>
<tr>
<td>Outpatient treatment of mental and nervous disorders including drug or alcohol abuse</td>
<td>Reasonable Expenses</td>
</tr>
<tr>
<td>Treatment of specified therapies, including acupuncture and Physiotherapy</td>
<td>Reasonable Expenses up to $10,000 Maximum combined total for Inpatient and Outpatient care, up to 30 days immediately following the attending Physician’s release for rehabilitation following a covered Hospital confinement or surgery per Period of Coverage.</td>
</tr>
<tr>
<td>Routine nursery care of a newborn child of a covered pregnancy</td>
<td>Reasonable Expenses up to $500 Maximum per Period of Coverage</td>
</tr>
<tr>
<td>Repairs to sound, natural teeth required due to an Injury</td>
<td>100% of Reasonable Expenses up to $500 per Period of Coverage maximum</td>
</tr>
<tr>
<td>Outpatient prescription drugs including oral contraceptives and devices</td>
<td>100% of actual charge</td>
</tr>
<tr>
<td>Hearing Services</td>
<td>100% of Reasonable Expenses up to $1000 per individual hearing aid per ear every 3 years for covered Dependent Children under age 24.</td>
</tr>
</tbody>
</table>