

# EXPO Field Experience Award Application

This document is intended to show applicants what questions they must be prepared to answer when filling in the online application.

**THIS DOCUMENT IS NOT THE APPLICATION FORM.**

**YOU MUST FILL OUT AN APPLICATION FORM ONLINE.**

Q1 What is your citizenship status?

- U.S. citizen
- Non-citizen U.S. national
- Permanent U.S. resident
- International (non-U.S. citizen with temporary visa)

Q2 Your first name:

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Q3 Your last name:

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Q4 Your JHU email address:

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Q5 Please indicate which degree you are pursuing at the Johns Hopkins Bloomberg School of Public Health.

- MPH
- MSPH
- MHS
- Other (please specify) \_\_\_\_\_

**[FOR MSPH STUDENTS]** Q6 Please indicate what MSPH degree program you are in:

- Occupational and Environmental Hygiene, Department of Environmental Health Sciences
- Toxicity Testing and Human Health Risk Assessment of Environmental Agents, Department of Environmental Health Sciences
- Health Education and Health Communication, Department of Health, Behavior and Society
- Health Policy, Department of Health Policy and Management
- Global Disease Epidemiology and Control, Department of International Health
- Health Systems, Department of International Health
- Human Nutrition, Department of International Health
- Social and Behavioral Interventions, Department of International Health
- Population, Family and Reproductive Health, Department of Population, Family and Reproductive Health

**[FOR MHS STUDENTS]** Q7 Please indicate what MHS degree program you are in:

- Biochemistry and Molecular Biology, Department of Biochemistry and Molecular Biology
- Biostatistics, Department of Biostatistics
- Environmental Health, Department of Environmental Health and Engineering
- Cancer Epidemiology, Department of Epidemiology
- Cardiovascular and Clinical Epidemiology, Department of Epidemiology
- Clinical Trials and Evidence Synthesis, Department of Epidemiology
- Environmental Epidemiology, Department of Epidemiology
- Epidemiology of Aging, Department of Epidemiology
- General Epidemiology and Methodology, Department of Epidemiology
- Genetic Epidemiology, Department of Epidemiology
- Infectious Disease Epidemiology, Department of Epidemiology
- Clinical Investigation, Graduate Training Program in Clinical Investigation
- Social Factors in Health, Department of Health, Behavior and Society
- Health Economics, Department of Health Policy and Management
- Health Finance and Management, Department of Health Policy and Management
- Health Economics, Department of International Health
- Mental Health, Department of Mental Health
- Molecular Microbiology and Immunology, Department of Molecular Microbiology and Immunology
- Demography, Department of Population, Family and Reproductive Health
- Population, Family and Reproductive Health, Department of Population, Family and Reproductive Health
- Population, Family and Reproductive Health, Department of Population, Family and Reproductive Health

Q8

Will the project require approval of the Institutional Review Board?

Yes

No

Q9 Do you intend to use this field experience to satisfy either a practicum or a field placement requirement for your degree?

Yes

No

**[IF YES TO Q9]** Q10 Has your project already been approved as a practicum or field placement?

Yes

No

Q11 What is the name of the agency or organization where your field experience will be based?

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Q12 Agency or organization city:

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Q13 Agency or organization ZIP code:

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Q14 What is the primary preceptor's first name?

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Q15 What is the primary preceptor's last name?

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Q16 Primary preceptor's email address:

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Q17 Primary preceptor's phone number:

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Q18 What is the alternate preceptor's first name?

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Q19 What is the alternate preceptor's last name?

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Q20 Alternate preceptor's email address:

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Q21 Alternate preceptor's phone number:

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Q22 Anticipated start date of your field experience:

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Q23 Anticipated end date of your field experience:

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Q24 What is the name of the project that you will be working on?

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Q25 Project description (3500 characters including spaces, or approximately 500 words).

*Please enter a description of your project. The project description should address the following areas:*

**Objectives:** Describe the intended results or gains to be achieved in implementing this project.

**Scope:** Describe the extent and limits of the project's activities (area covered, numbers of individuals or population involved, stakeholder groups reached, etc).

**Feasibility:** Based on the objectives, scope, and available resources, explain the likelihood of completing the project in the allotted time. Cite any significant potential challenges that the project will or could face.

Q26 Your project role (3500 characters including spaces, or approximately 500 words).

*Please enter a description of your role in the project. The role description should address the following areas:*

Contribution: Description of your unique contribution to the project.

Competencies: Description of the competencies that you expect to build as a result of project participation.

Future practice work: Reflection on potential influence that this project may have on your future public health practice work. How do you anticipate this project could inform your future practice work?

Q27 Budget (one page)

*Please outline how you would plan to use the field experience stipend in support of your project, outlining the main areas of expense and providing a rationale for each as needed. Suggested areas include but are not limited to transportation to and from project sites, support services, equipment, etc.*

Please note: project funds are specifically not intended for the payment of student tuition.

SAMPLE