**This change relates to offering a new MPH concentration (including a joint/concurrent/dual/accelerated/progressive degree specific concentration) in a SPH or PHP.**

|  |  |
| --- | --- |
| School or Program Name |  |
| Name and Email of Individual Completing Form |  |
| Date of Form Submission |  |

**Item 1: List the degree(s) and concentration(s) covered by this amendment.**

|  |  |  |
| --- | --- | --- |
|  | **Degree** | **Concentration** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |

**Item 2: Provide the courses required for the concentration(s) being added. Reproduce this table if amendment relates to multiple concentrations.**

|  |  |  |
| --- | --- | --- |
| **Requirements for MPH degree, X Concentration (replace this template with** [**Template D2-1 multi**](https://ceph.org/documents/298/2021templates.xlsx) **if adding multiple concentrations)** | | |
| **Course number** | **Course name** | **Credits (if applicable)** |
| Required courses (foundation and concentration) | | |
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| APE & ILE courses (as applicable) | | |
|  |  |  |
|  |  |  |
| Electives (as applicable) | |  |
| Electives | *Insert total number of credits in the last column* |  |
| Requirements for degree completion not associated with a course (if applicable) ^ | | |
|  |  |  |
|  | **TOTAL CREDITS** |  |

^ For example, 25 hours of community service

**Item 3: Document faculty resources for all degree offerings that will be within the unit of accreditation.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **FIRST DEGREE LEVEL** | | | **SECOND DEGREE LEVEL** | **THIRD DEGREE LEVEL** |  |
| **CONCENTRATION** | **PIF 1\*** | **PIF 2\*** | **FACULTY 3^** | **PIF 4\*** | **PIF5\*** | **ADDITIONAL FACULTY**+ |
| ***Concentration name***   * **Degree(s) offered** | **Name & FTE allocation to unit** | **Name & FTE allocation to unit** | **Name & FTE allocation to unit** |  |  | PIF:  Non-PIF: |
| ***Concentration name***   * **Degree(s) offered** |  |  |  |  |  | PIF:  Non-PIF: |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  | **TOTALS:** | Named PIF |  |  |  |
|  |  |  |  |  | Total PIF |  |  |  |
|  |  |  |  |  | Non-PIF |  |  |  |

\*Schools: Primary Instructional Faculty (PIF) may be counted as a PIF a maximum of two times.

\*Programs: Primary Instructional Faculty (PIF) may be counted as a PIF a maximum of two times if the FTE contribution is 1.0.

^**Faculty 3** can be either PIF or non-PIF. These individuals may appear multiple times if their responsibilities and training/experience are appropriate to count in multiple concentrations.

+**Additional Faculty** are noted numerically. PIF and non-PIF faculty identified in other concentrations in the table may be included in this headcount if their responsibilities and training/experience are appropriate to count in multiple concentrations.

The FTE indicated below each faculty name should denote the contribution to the school or program as a whole rather than to individual concentrations.

All PIF, including individuals not named, must be identified in Template E1-1 on the following page.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Item 4: Template E1-1.** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Primary Instructional Faculty Alignment with Degrees Offered** | | | | | | |
| **Name\*** | **Title/ Academic Rank** | **Tenure Status or Classification^** | **Graduate Degrees Earned** | **Institution(s) from which degree(s) were earned** | **Discipline in which degrees were earned** | **Concentration affiliated with in PHP/SPH** |
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| \* List faculty alphabetically. | | | | | | |
| ^ Classification of faculty may differ by institution, but may refer to teaching, research, service faculty or tenured, tenure-track, non-tenure-track faculty or alternative appointment categories used by the school or program. | | | | | | |
| Schools should only include data on faculty associated with public health degree programs. | | | | | | |

**Item 5. Map competencies, as applicable, to courses. Only provide information for differences from the mapping presented on the IAS.**

**Mapping of MPH Foundational Competencies**

**Attach course syllabi for all named courses**

|  |  |
| --- | --- |
| **Competency** | **Course number(s) and name(s)^** |
| **Evidence-based Approaches to Public Health** |  |
| 1. Apply epidemiological methods to 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 and 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 systemic 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, implementation, or critique 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 management1 |  |
| 11. Select methods to evaluate public health programs |  |
| **Policy in Public Health** |  |
| 12. Discuss the policy-making process, including the roles of ethics and evidence2 |  |
| 13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes |  |
| 14. Advocate for political, social and economic policies and programs that will improve health in diverse populations3 |  |
| 15. Evaluate policies for their impact on public health and health equity |  |
| **Leadership** |  |
| 16. Apply leadership and/or management principles to address a relevant issue4 |  |
| 17. Apply negotiation and mediation skills to address organizational or community challenges5 |  |
| **Communication** |  |
| 18. Select communication strategies for different audiences and sectors |  |
| 19. Communicate audience-appropriate (i.e., non-academic, non-peer audience) public health content, both in writing and through oral presentation |  |
| 20. Describe the importance of cultural competence in communicating public health content |  |
| **Interprofessional and/or Intersectoral Practice\*** |  |
| 21. Integrate perspectives from other sectors and/or professions to promote and advance population health6 |  |
| **Systems Thinking** |  |
| 22. Apply a systems thinking tool to visually represent a public health issue in a format other than standard narrative7 |  |

*The Council understands that schools and programs may assess each competency in multiple courses. The school or program may choose an example for each.*

*^This form asks for a simplified version of the template required in the self-study. In the self-study, schools and programs will also identify specific assessment opportunities for each competency in Template D2-2.*

|  |
| --- |
| 1 “Resource management” refers to stewardship (planning, monitoring, etc.) of resources throughout a project, not simply preparing a budget statement that projects what resources will be required. |
| 2 This competency refers to technical aspects of how public policies are created and adopted, including legislative and/or regulatory roles and processes, ethics in public policy making, and the role of evidence in creating policy. |
| 3 This competency refers to the ability to influence policy and/or decision making, such as through stakeholder mobilization, educating policy makers, etc. Ability to argue in support of (or in opposition to) a position, as in a standard debate, is not sufficient. Students must produce a product that would be part of an advocacy campaign or effort (e.g., legislative testimony, fact sheets, advocacy strategy outline, etc.). |
| 4 Such principles may include creating a vision, empowering others, fostering collaboration, and guiding decision making |
| 5 “Negotiation and mediation,” in this competency, refers to the set of skills needed when a common solution is required among parties with conflicting interests and/or different desired outcomes. Such skills extend beyond the level of negotiation required in a successful intra-group process; effective communication within a work group or team is more closely related to competency 16. |
| 6 This competency requires direct engagement (in-person or online) between the student and an individual or individuals in a profession or sector other than public health; students must combine the external sector/profession’s perspective and/or knowledge with their own public health training to complete a task, solve a problem, etc. Role-playing, in which public health students assume the identity of an individual from another profession or sector to which they do not already belong, is not an acceptable substitute for actual engagement with an individual or individuals from a profession or sector outside of public health. |
| 7 Systems thinking tools depict or map complex relationships, demonstrating, for example, how component parts of a system interact with and influence one another. Examples include causal loop diagrams, systems archetypes, network analyses, and concept maps. Logic models and evidence tables are not sufficient to address this competency. |

**Item 6. List the school-/program-defined competencies associated with each new concentration**.

**Mapping of MPH concentration competencies**

**Attach course syllabi for all named courses**

**(Reproduce the table as many times as needed)**

|  |  |  |
| --- | --- | --- |
| **Coverage of Competencies for X Degree in X Concentration** | |  |
| **Competency** | **Course number(s) or other educational requirements** | |
| 1. |  | |
| 2. |  | |
| 3. |  | |
| 4. |  | |
| 5. |  | |

**Item 7: Provide graduation data for all added concentrations covered in this amendment.**

In what year did (or will) the school or program meet the requirement of a graduate from each degree and concentration covered in this notice?

*Provide graduation rate data in the table below:*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MPH** | **Maximum Time to Graduate: X years** | | | | |
| Cohort of Students | 20uu-vv**^** | 20vv-ww | 20ww-xx | 20xx-yy | 20yy-zz |
| # Students starting |  |  |  |  |  |
| # Students withdrew, dropped, transferred out of unit of accreditation etc. |  |  |  |  |  |
| # Students graduated |  |  |  |  |  |
| # Students continuing |  |  |  |  |  |
| Graduation rate (# graduated/ # starting |  |  |  |  |  |

**^** Each column represents an incoming cohort of students in the degree (including all concentrations combined).

Has your school/program reached the maximum time to graduate (MTTG) for at least one year of incoming students? If yes, start with the current year in the last column and count back x years, where x is MTTG (e.g., if the MTTG is five, provide five years/columns of data).

Was your school/program recently established and no students have yet reached the MTTG? If yes, provide data for all students that shows their progress toward graduation.

**Item 8. Answer the following questions:**

1. When is the new concentration expected to enroll its first students?

*Insert narrative here:*

1. What is the justification or rationale for offering this new concentration?

*Insert narrative here:*

1. Specify the delivery format for all concentrations covered by this notice (campus-based (including hybrid) or online):

*Insert narrative here:*

1. Confirm that the change(s) covered by this amendment is reflected on the school or program’s website and other materials. If not, when does the school or program plan to do so?

*Insert narrative here:*