

Great! If you’ve completed all of the introductory steps, let’s get started on the IAS.

Send your first draft to [submissions@ceph.org](mailto:submissions@ceph.org) when you’re ready and have confirmed that the IAS review fee payment has been received by CEPH.

Before you start your IAS, make sure you’ve completed the following steps:

**🗸** Consult the [checklist](https://ceph.org/constituents/schools/considering/) for prospective applicants

**🗸** Watch the [CEPH Overview](https://ceph.org/about/dates-to-remember/paow/)

**🗸** Watch [P-AOW Part A](https://ceph.org/about/dates-to-remember/paow/)

**🗸** Request & watch [P-AOW Part B](https://ceph.org/about/dates-to-remember/paow/)

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**Initial Application Submission (IAS)**

**Public Health Program**

**Based on 2021 Accreditation Criteria**

**Institution name**

**Program (i.e., unit of accreditation) name**

***Statement of Understanding of Application Process***

*Include a cover letter, on letterhead, that addresses items a and b:*

1. *A statement indicating that the program understands the required components of the application process, including* 
   * *conduct of an on-site consultation visit,*
   * *attendance at an Accreditation Orientation Workshop, and*
   * *prompt payment of all fees.*
2. *A request signed by administrators/leaders for CEPH to initiate the accreditation process. The request must be signed by the following:*
   1. *the chief executive officer of the institution in which the program is located (university president or chancellor, in most cases)*
   2. *the chief administrative officer of the university unit in which the program is located (eg, vice president for health sciences, dean)*
   3. *the program director*

*In the case of a program that is sponsored by more than one institution (applications for multi-partner programs), signatures must be obtained from the leaders (1 and 2) at each institution.*

**Contact Information for CEPH Database**

|  |  |
| --- | --- |
| **Program name**  (e.g., Public Health Program, MPH Program, Graduate Public Health Program, etc.) |  |
| **Primary contact** | Name:  Credentials:  Title (director, dean, coordinator, etc.):  Phone:  Email: |
| **Additional contacts to copy on CEPH correspondence**  (up to 3 email addresses) | Email 1:  Email 2:  Email 3: |
| **Any specific contact for invoices?** (who is not already listed as a program contact) | Email: |
| **PHP website** |  |
| **PHP mailing address** |  |

1. **Instructional Matrix (delete all NA rows)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Instructional Matrix – Degrees & Concentrations** | | | | | |
|  | | | | **Place-based** | **Distance-based** |
| **Bachelor’s Degrees** | | | | | |
| *Concentration* | | *Degree* | |  |  |
|  | |  | |  |  |
| **Master’s Degrees** | | **Academic** | **Professional** |  | |
| *Concentration* | | *Degree* | *Degree* |  |  |
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| **Doctoral Degrees** | | **Academic** | **Professional** |  | |
| *Concentration* | | *Degree* | *Degree* |  |  |
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| **Joint Degrees (Dual, Combined, Concurrent, Accelerated)** | | **Academic** | **Professional** |  | |
| **2nd Degree Area** | **Public Health Concentration** |  |  |  |  |
| *Degree earned in conjunction* | *Existing or joint specific* | *Degree* | *Degree* |  |  |
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*Degree refers to MPH, MS, PhD, DrPH, BS, etc.*

*Concentration refers to any area of study offered to students in program publicity/website, etc., including ‘Generalist.’*

*Plans of study that are clearly presented to students as “minors,” however, are not considered to be concentrations.  
A certificate is equivalent to a concentration when completion of a certificate is universally required to fulfill degree requirements. Certificates that are optional additions to students’ programs of study are not considered to be concentrations.*

*Academic public health degrees often include the MS and PhD. These degrees are offered in public health fields but are not intended to function as MPH or DrPH equivalents. They prepare students for further study or for academic or scholarly positions in public health fields.*

*Joint degrees are synonymous, for these purposes, with dual degrees, combined degree programs, concurrent degrees, etc. Classify joint degrees as academic or professional based on the public health degree involved, not the non-public health degree. Accelerated public health degrees such as a bachelor's to master's or a master's to doctoral degree are also considered joint degrees for the purposes of CEPH accreditation.*

*Distance based refers to degrees/concentrations that can be earned completely via distance learning or with minimum face-to-face interaction required.*

*Delete all rows/categories that are not applicable.*

1. **Statement of Institutional Accreditation**

**Documentation of location in an institution that is institutionally accredited, as defined by the United States Department of Education (an applicant institution located outside the United States must demonstrate a comparable external evaluation process).**

The [home university that houses the school] is accredited by the [institutional accreditor]. The last review in [year] resulted in an accreditation term of [term].

1. **Guiding Statements and Evaluation Practices**

Together, the program’s guiding statements must address the unit's approaches and aspirations for each of the following:

* advancing the field of public health through instruction, scholarship, and service
* promoting student success through instruction, scholarship, and service
* preparing students to work with diverse populations and communities

The program’s vision is [insert outward-focused vision statement that describes how the community/world will be different if the program achieves its aims].

The program’s mission is [insert mission statement that identifies what the program will accomplish operationally in its instructional, community engagement, and scholarly activities].

The program’s goals that describe strategies to accomplish the defined mission:

The program’s evaluation plan that allows it to continually evaluate its progress in achieving its specific mission and goals:

*When completing the table, consider the following:*

* + - *This application asks for a simplified version of Template B2-1 required in the self-study.*
    - *Refer to Template B2-1 for the complete list of CEPH-defined measures.*
    - *For Template B2-1, the program must define evaluation measures (typically 5-10) for information that is needed to measure aspects of the mission and goals not captured by the CEPH-defined measures.*
    - *For this application, each goal must be supported by at least one program-defined measure (i.e., the program must define at least three measures that address aspects of its mission and goals not captured by the CEPH-defined measures).*
    - *For this application, each goal must be supported by a minimum of two measures (i.e., the program must present at least six measures total).*
    - *The program may add additional measures (program- and/or CEPH-defined) if it so chooses.*

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| **Measures** | **Data source & method of analysis** | **Who has review & decision-making responsibility?** | **Does it measure Goal 1?** | **Does it measure Goal 2?** | **Does it measure Goal 3?** |
| ***Program-defined measure 1*** |  |  |  |  |  |
| ***Program-defined measure 2*** |  |  |  |  |  |
| ***Program-defined measure 3*** |  |  |  |  |  |
| ***CEPH-defined measure 1*** *(copy & paste from Template B2-1)* |  |  |  |  |  |
| ***CEPH-defined measure 2***  *(copy & paste from Template B2-1)* |  |  |  |  |  |
| ***CEPH-defined measure 3***  *(copy & paste from Template B2-1)* |  |  |  |  |  |

1. **Degree Requirements**

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| --- | --- | --- |
| **Requirements for MPH degree, X Concentration (replace this template with [Template D2-1 multi](https://ceph.org/documents/298/2021templates.xlsx) if the unit includes multiple concentrations)** | | |
| **Course number** | **Course name** | **Credits (if applicable)** |
| Required courses (foundation and concentration) | | |
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| APE & ILE courses (as applicable) | | |
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| 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

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| --- | --- | --- |
| **Requirements for DrPH degree, X Concentration (delete template if not applicable and/or replace this template with Template D3-1 multi if the unit includes multiple concentrations)** | | |
| **Course number** | **Course name** | **Credits (if applicable)** |
| Required courses (foundation and concentration) | | |
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| APE & ILE courses (as applicable) | | |
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| 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 | |  |

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| **Requirements for public health bachelor’s degree, X Concentration (delete table if not applicable)** | | |
| **Course number** | **Course name\*** | **Credits (if applicable)** |
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*\*Also, indicate the courses associated with the cumulative and experiential activities*

1. **Foundational Curriculum Mapping**

**Identify the courses (didactic coursework other than the applied practice experience or integrative learning experience) that assure that a degree program’s curriculum addresses the components identified in the criteria. In addition to completing the applicable matrices below, attach course syllabi for all named courses (Appendix A).**

**Mapping of MPH foundational competencies**

|  |  |
| --- | --- |
| **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 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 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,2 including the roles of ethics and evidence |  |
| 13. Propose strategies to identify relevant communities and individuals 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 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 public health content, both in writing and through oral presentation to a non-academic, non-peer audience with attention to factors such as literacy and health literacy |  |
| 20. Describe the importance of cultural humility in communicating public health content |  |
| **Interprofessional 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 programs may teach and assess each competency in multiple courses. The program should choose an example for each if a single course fully teaches the principles underlying the competency.*

*This application asks for a simplified version of the template required in the self-study. In the self-study, 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 community 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. |

**Mapping of DrPH foundational competencies (delete if not applicable). Map to didactic coursework other than the applied practice experience or integrative learning experience.**

|  |  |
| --- | --- |
| **Assessment of Competencies for DrPH in X Concentration** | |
| **Competency** | **\* Course number(s) and names** |
| **Data & Analysis** | |
| 1.  Explain qualitative, quantitative, mixed methods, and policy analysis research and evaluation methods to address health issues at multiple (individual, group, organization, community, and population) levels |  |
| 2.  Design a qualitative, quantitative, mixed methods, policy analysis, or evaluation project to address a public health issue |  |
| 3. Explain the use and limitations of surveillance systems and national surveys in assessing, monitoring, and evaluating policies and programs and to address a population’s health |  |
| **Leadership, Management & Governance** | |
| 4. Propose strategies for health improvement and elimination of health inequities by organizing partners, including researchers, practitioners, community leaders, and others |  |
| 5. Communicate public health science to diverse audiences, including individuals at all levels of health literacy, for purposes of influencing behavior and policies |  |
| 6. Integrate knowledge, approaches, methods, values, and potential contributions from multiple professions, sectors, and systems in addressing public health problems |  |
| 7. Create a strategic plan1 |  |
| 8. Facilitate shared decision making through negotiation and consensus-building methods |  |
| 9. Create organizational change strategies |  |
| 10. Propose strategies to promote inclusion within public health programs, policies, and systems |  |
| 11. Assess one’s own strengths and weaknesses in leadership capacities, including cultural proficiency |  |
| 12. Propose human, fiscal, and other resources to achieve a strategic goal |  |
| 13. Cultivate new resources and revenue streams to achieve a strategic goal2 |  |
| **Policy & Programs** | |
| 14. Design a system-level intervention to address a public health issue |  |
| 15. Integrate community-informed knowledge such as cultural values and practices in the design of public health policies and programs |  |
| 16. Integrate scientific information, legal and regulatory approaches, ethical frameworks, and varied parties’ interests in policy development and analysis |  |
| 17. Propose interprofessional and/or intersectoral team approaches to improving public health |  |
| **Education & Workforce Development** | |
| 18. Assess an audience’s knowledge and learning needs |  |
| 19. Deliver training or educational experiences that promote learning in academic, organizational, or community settings |  |
| 20. Use best practice modalities in pedagogical practices |  |

*\* The Council understands that programs may teach and assess each competency in multiple courses. The program should choose an example for each if a single course fully teaches the principles underlying the competency.*

*This application asks for a simplified version of the template required in the self-study. In the self-study, programs will also identify specific assessment opportunities for each competency in Template D3-2.*

|  |
| --- |
| 1 “Strategic plan” refers to an organizational unit plan that is broader or more expansive than developing a plan for a specific project or intervention. |
| 2 This competency refers to the ability to identify and pursue possible funding sources and/or other resources needed to complete a project. |

**Mapping of introductory public health learning objectives for academic public health master’s and doctoral students, eg, MS and PhD (delete if not applicable)**

|  |  |
| --- | --- |
| **Content** | **Course number(s) and name(s)** |
| 1. Explain public health history, philosophy, and values |  |
| 1. Identify the core functions of public health and the 10 Essential Services\* |  |
| 1. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population’s health |  |
| 1. List major causes and trends of morbidity and mortality in the U.S. or other community relevant to the program, with attention to disparities among populations, e.g., socioeconomic, ethnic, gender, racial, etc. |  |
| 1. Discuss the science of primary, secondary, and tertiary prevention in population health, including health promotion, screening, etc. |  |
| 1. Explain the critical importance of evidence in advancing public health knowledge |  |
| 1. Explain effects of environmental factors on a population’s health |  |
| 1. Explain biological and genetic factors that affect a population’s health |  |
| 1. Explain behavioral and psychological factors that affect a population’s health |  |
| 1. Explain the cultural, social, political, and economic determinants of health and how the determinants relate to population health and health inequities |  |
| 1. Explain how globalization affects global burdens of disease |  |
| 1. Explain an ecological perspective on the connections among human health, animal health, and ecosystem health (e.g., One Health) |  |

*\* Institutions outside the U.S. may replace 10 Essential Services with content appropriate to the nation/region.*

*The Council understands that programs may assess each learning objective in multiple courses. The program may choose an example for each.*

*This application asks for a simplified version of the template required in the self-study. In the self-study, programs must identify the specific component of a course that addresses each learning objective in Templates D16-1 and D17-1, as applicable.*

**Mapping of public health bachelor’s domains (delete if not applicable)**

|  |  |
| --- | --- |
| **Public Health Domains** | **Course number(s) and name(s)** |
| **Math/Quantitative Reasoning:** Identify and apply the concepts and applications of basic statistics |  |
| **Science:** Address the foundations of biological and life sciences |  |
| **Overview of Public Health:** Address the history and philosophy of public health as well as its core values, concepts, and functions across the globe and in society |  |
| **Role and Importance of Data in Public Health:** Address the basic concepts, methods, and tools of public health data collection, use and analysis and why evidence-based approaches are an essential part of public health practice |  |
| **Identifying and Addressing Population Health Challenges:** Address the concepts of population health, and the basic processes, approaches and interventions that identify and address the major health-related needs and concerns of populations |  |
| **Human Health:** Address the underlying science of human health and disease including opportunities for promoting and protecting health across the life course |  |
| **Determinants of Health:** Address the cultural, socioeconomic, behavioral, biological, environmental and other factors that impact human health and contribute to health disparities |  |
| **Project Implementation:** Address the fundamental concepts and features of project implementation, including planning, assessment, and evaluation |  |
| **Overview of the Health System:**  Address the fundamental characteristics and organizational structures of the U.S. health system as well as to the differences in systems in other countries |  |
| **Health Policy, Law, Ethics, and Economics:** Address the basic concepts of legal, ethical, economic, and regulatory dimensions of health care and public health policy, and the roles, influences, and responsibilities of the different agencies and branches of government |  |
| **Health Communications:** Address the basic concepts of public health-specific communication, including technical and professional writing and the use of mass media and electronic technology |  |

*If the program maps a domain to a course not developed and taught by public health faculty, it must have a process for regularly reviewing and monitoring such coursework for continued alignment with and coverage of the domain. For example, a select list of courses may be appropriate to meet the math/quantitative reasoning and science domains with regular monitoring, approval, and coordination with the external unit by the public health program.*

*If students can choose from multiple courses for a given domain, indicate this and provide additional narrative about the approved options. Provide all approved syllabi in Appendix A.*

1. **Concentration Curriculum Mapping**

**List at least five competencies in addition to those defined in Criterion D2 for each MPH concentration or generalist degree, including combined degree options, and indicate at least one course (didactic coursework other than the applied practice experience or integrative learning experience) that addresses each competency. In addition to completing the matrices below, attach course syllabi for all named courses (Appendix B).**

The list of competencies may expand on or enhance foundational competencies, but, in all cases, including generalist degrees, the competency statements must clearly articulate the additional depth provided beyond the foundational competencies listed in Criteria D2.

|  |  |  |
| --- | --- | --- |
| **Coverage of Competencies for MPH in X Concentration** | |  |
| **Competency** | **Course number(s) and name(s)** | |
| 1. |  | |
| 2. |  | |
| 3. |  | |
| 4. |  | |
| 5. |  | |

Reproduce table for each MPH concentration listed in the instructional matrix.

**If applicable, list at least five competencies in addition to those defined in Criterion D3 for each DrPH concentration or generalist degree, including combined degree options, and indicate at least one course (didactic coursework other than the applied practice experience or integrative learning experience) that addresses each competency (delete if not applicable).**

The list of competencies may expand on or enhance foundational competencies, but, in all cases, including generalist degrees, the competency statements must clearly articulate the additional depth provided beyond the foundational competencies listed in Criteria D3.

|  |  |  |
| --- | --- | --- |
| **Coverage of Competencies for DrPH in X Concentration** | |  |
| **Competency** | **Course number(s) and name(s)** | |
| 1. |  | |
| 2. |  | |
| 3. |  | |
| 4. |  | |
| 5. |  | |

Reproduce table for each DrPH concentration listed in the instructional matrix.

**If applicable, list competencies for each public health master’s and doctoral degree concentration for degrees other than the MPH or DrPH (e.g., MS or PhD), and indicate at least one course (didactic coursework) that addresses each competency (delete if not applicable).**

|  |  |  |
| --- | --- | --- |
| **Assessment of Competencies for Master’s or Doctoral Degrees in Public Health Fields, Other than MPH or DrPH** | |  |
| **Competency** | **Course number(s) and name(s)** | |
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Reproduce table for each public health master’s and doctoral degree and concentration other than the MPH or DrPH listed in the instructional matrix.

1. **Student Enrollment**

*Complete the table below with the specific numbers of enrollees in each of the MPH concentrations offered for the next three years. Add additional tables for any other degrees offered.*

|  |  |  |  |
| --- | --- | --- | --- |
| **MPH** | **Year X** | **Year Y** | **Year Z** |
|  | **Projected total enrollment** | **Projected total enrollment** | **Projected total enrollment** |
| *Concentration* |  |  |  |
| *Concentration* |  |  |  |
| *Concentration* |  |  |  |

Add additional rows for all MPH concentrations listed in the instructional matrix

Reproduce this table for additional degrees and concentrations offered.

*Provide narrative or supplemental tables to support the enrollment projections (e.g., are students enrolled full- or part-time? What milestones have current students reached?).*

1. **Required Faculty Resources**

**Programs must employ, at a minimum, three faculty members to be eligible in the PHP category. Each additional degree level in a concentration requires the addition of one primary instruction faculty (PIF) member.**

**Delete all explanatory text below about quantitative faculty resources before submitting IAS.**

**Degree level refers to one of three options: 1) bachelor’s, 2) master’s or 3) doctoral**

*Example: If the program offers a concentration at the MPH level only, three faculty are required. If the program offers a concentration at the MPH and DrPH levels, four faculty are required. If the program offers a concentration at the PhD level only, three faculty are required.*

**Note: Programs that meet the requirements associated with schools of public health (SPH) in C2-A (i.e., PHP that have 21 or more primary instructional faculty dedicated solely to the PHP) may opt to follow the definitions listed in the criteria for SPH faculty.**

*Primary instructional faculty (PIF) are defined as follows. Primary instructional faculty must meet ALL THREE requirements outlined below:*

* *Employed full-time as faculty members at the home institution/university. The PHP uses the university’s definitions of “full-time” and “faculty.”*
* *Have regular responsibility for instruction in the PHP as a component of employment. Individuals whose sole instructional responsibility is mentoring individual doctoral or research students do not meet CEPH’s definition of primary instructional faculty.*
* *Spend a majority of time/effort (.50 FTE or greater) on activities associated with the PHP, including instruction. Research and service effort should also be included in the FTE allocated to the program if the research or service projects impact the PHP and its students. The program defines FTE allocations consistently and transparently and can clearly account for all time, effort and instructional or other responsibilities spent on degree programs outside the unit of accreditation.*

*The three faculty per concentration for the first degree level include the following:*

* *Two primary instructional faculty members* 
  + *These individuals may count toward the two faculty (or additional faculty required for adding a degree level) in one additional concentration ONLY IF they are allocated to the PHP at 1.0 FTE and are not shared with other educational programs. Primary instructional faculty who are dedicated to the PHP at FTE between .50 and .99 may only count toward the required faculty members in a single concentration.*
* *One additional faculty member of any type (faculty from another university unit, adjunct faculty, part-time faculty or primary instructional faculty associated with another concentration area). The additional faculty required for additional degree levels must be primary instructional faculty.*

**All identified faculty must have regular instructional responsibility in the area. Individuals who perform research in a given area but do not have some regular expectations for instruction cannot serve as one of the three to five listed members.**

***Document the program’s primary instructional faculty in the format of CEPH Template E1-1 (Appendix B).***

***Document the program’s primary instructional faculty resources to support each concentration in the table below.***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *This version of the template is for programs that offer a single concentration (at one or more degree levels) in the unit of accreditation. Multi-concentration programs should use the "C2-1 program multi" template on the next page. Delete this table if not applicable* | | | | | | |  |
|  |  |  |  |  |  |  |  |
|  | **FIRST DEGREE LEVEL** | | | **SECOND DEGREE LEVEL** | **THIRD DEGREE LEVEL** | **ADDITIONAL FACULTY+** |  |
| **CONCENTRATION** | **PIF 1** | **PIF 2** | **PIF 3** | **PIF 4** | **PIF 5** |  |  |
|  |  |  |  |  |  |  |  |
| Concentration name |  |  |  |  |  | PIF:  Non-PIF: |  |
| Degree(s) offered |  |
|  |  |  |  |  |  |  |  |
| **TOTALS:** | Named PIF |  |  |  |  |  |  |
|  | Total PIF |  |  |  |  |  |  |
|  | Non-PIF |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| +**Additional Faculty** must be individually identified in Templates E1-1 and E1-2, as applicable. PIF and non-PIF faculty identifed 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. | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *This version of the template is for programs that offer more than one concentration in the unit of accreditation. Single-concentration programs should use the "C2-1 program single" template. Delete this table if not applicable* | | | | | | |  |
|  |  |  |  |  |  |  |  |
|  | **FIRST DEGREE LEVEL** | | | **SECOND DEGREE LEVEL** | **THIRD DEGREE LEVEL** | **ADDITIONAL FACULTY+** |  |
| **CONCENTRATION** | **PIF 1\*** | **PIF 2\*** | **FACULTY 3^** | **PIF 4\*** | **PIF 5\*** |  |  |
|  |  |  |  |  |  |  |  |
| Concentration name |  |  |  |  |  | PIF:  Non-PIF: |  |
| Degree(s) offered |  |
|  |  |  |  |  |  |  |  |
| Concentration name |  |  |  |  |  | PIF:  Non-PIF: |  |
| Degree(s) offered |  |
|  |  |  |  |  |  |  |  |
| Concentration name |  |  |  |  |  | PIF:  Non-PIF: |  |
| Degree offered |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **TOTALS:** | Named PIF |  |  |  |  |  |  |
|  | Total PIF |  |  |  |  |  |  |
|  | Non-PIF |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| \***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 primary instructional faculty or non-primary instructional faculty. These individuals may appear multiple times if their responsibilities and training/experience are appropriate to count in multiple concentrations. | | | | | | | |
| +**Additional Faculty** must be individually identified in Templates E1-1 and E1-2, as applicable. PIF and non-PIF faculty identifed 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 program as a whole rather than to individual concentrations. | | | | | | | |

**Confirmation of minimum faculty resources**

The program offers a single concentration at one degree level (i.e., MPH only) and has at least 3 PIF

The program offers a single concentration at two degree levels (e.g., BS and MPH) and has at least 4 PIF

The program offers a single concentration at three degree levels (e.g., BS, MPH, and DrPH) and has at least 5 PIF

The program offers multiple concentrations and has at least at least 3 PIF total and at least 3 faculty per concentration (which includes at least 2 PIF per concentration)

The program is in the process of adding additional faculty resources, and a description of the program’s policies and plans for recruitment and selection of faculty is below.

*Describe 1) any new hiring processes or 2) the process of reassigning existing faculty, as applicable.*

*If any primary faculty positions are currently vacant, provide a detailed timeline for the hiring process and provide a copy of the advertisement and publication date as an appendix.*

1. **Graduation Data**

**Applicant programs must offer at least one MPH or equivalent professional degree program. In addition, applicant programs must present strong, solid evidence that the unit will graduate at least one student from each concentration by the time the preliminary self-study is submitted.**

In what year did (or will) the program meet the requirement of a graduate from each degree and concentration offered?

*Provide graduation rate data in the table below. Provide a separate table for each degree (e.g., MPH, DrPH, etc.) in the unit of accreditation.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 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 program recently established and no students have yet reached the MTTG? If yes, provide data for all students that shows their progress toward graduation.

1. **Institutional Commitment and Fiscal Support**

**Evidence of institutional commitment and fiscal support for the development of the program; documentation may include evidence of commitments for new or reassigned faculty and staff resources, as well as budgeted capital expenditures and or/administrative support.**

*Briefly describe the following resources available to the program:*

* *staff*
* *physical space for offices, classrooms, and student common space*
* *other resources (library, computer, lab) specifically needed for the program, if applicable*
* *funding for program administration, operations, and student support, if applicable*

1. **Accurate Publication of Educational Offerings**

**The program confirms that catalogs, bulletins, websites, promotional materials, and recruitment literature contain accurate information that is consistent with the offerings presented in the initial application submission (IAS).**

*Provide direct links to information and descriptions of all degree programs and concentrations in the unit of accreditation.*

**Appendix A: Course Syllabi**

**Provide syllabi as individual files (either Word or searchable PDF documents). They should not be combined with or attached to the main IAS document.**

**Appendix B: Primary instructional faculty aligned with degrees offered**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Primary Instructional Faculty Alignment with Degrees Offered** | | | | | | |
| **Name\*** | **Title/ Academic Rank** | **Tenure Status or Classification^** | **Graduate Degrees Earned** | **Institution where degrees were earned** | **Discipline in which degrees were earned** | **Concentration affiliated with in Template C2-1 (section 6 of IAS)** |
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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 program. | | | | | | |