

**MPH Practicum Prerequisites Form**

# All prerequisites must be completed no later than the end of the student’s first quarter in program. In addition to the requirements listed below, students must fulfill all of the requirements of the Health Sciences Immunizations Program (HSIP). For more information about HSIP, visit: http://depts.washington.edu/chsweb/#NSFORM Student must return this form (along with all corresponding documentation) to their departmental coordinator for record retention and signature. Paper documents can be attached to this form or documents may be emailed to the departmental coordinator. For each requirement listed, see specific instructions below. Once completed, this document must be uploaded to the practicum dropbox.

**Departmental Checklist**

* **Bloodborne Pathogens Training** – Online training through home department or EH&S: <http://www.ehs.washington.edu/psotrain/onlineclass.shtm#bbp>
* **HIPAA Training** – Contact your department for instructions
* **Washington State Patrol Form and Criminal History Supplement (not a requirement for PCMI students) -** Departments are required to keep the completed form, supplement, and background check results on file; form and supplement are located at:

<http://sph.washington.edu/experiential/prerequisites.asp>

# Departmental Graduate Program Adviser (Staff): Please sign and date this form in the section provided below. By signing this document, you are verifying that the student has completed the above items and that documentation of completion is kept on record in the department. Student: Upload the finalized document to the Practicum Dropbox. Please ensure that all fields have been completed and that all signatures have been gathered prior to upload.

Departmental Graduate Program Adviser (Staff) Signature Date

**REQUIRED STUDENT INFORMATION (to be completed by the student):**

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name MI Last Name** | **Last Name (please print)** |  | **UW Student Number** |
| **Email Address** |  |  | **Date of Entry into Program (Quarter/Year)** |
| **MPH Department (if concurrent, please notate the coinciding affiliation)** |  |  | **Program/Option or Track(s)** |
| **Expected Graduation Date** |  |  | **Faculty (Academic) Adviser** |

**ACKNOWLEDGMENT OF RISK AND CONSENT FOR TREATMENT FOR STUDENTS**

I acknowledge there are certain risks inherent in volunteering in the community, including but not limited to physical injury and death. I acknowledge that all risks cannot be prevented and I assume those to be beyond the control of the University faculty and staff. I represent that I am physically able, with or without accommodation, to participate in the MPH Practicum Program, and that I am able to use the equipment and/or supplies described in the job descriptions for the MPH Practicum Program, and that I have obtained the required immunizations.

Should I require emergency medical treatment as a result of accident or illness arising during volunteer work, I consent to such treatment. I acknowledge that the University of Washington does not provide health and accident insurance for practicum participants, and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. I acknowledge that I have been given the option to purchase student insurance through the University. I will notify the my home department and faculty adviser and staff at my practicum site in writing if I have medical conditions about which emergency medical personnel should be informed.

**PLEASE COMPLETE ALL FIELDS AND FINALIZE ALL SIGNATURES BEFORE UPLOADING. ONLY HANDWRITTEN OR OFFICIAL DIGITAL SIGNATURES ARE ACCEPTED.**

**Student Signature Date**

**Questions about this form? Email** sphpractice@uw.edu02/19/2019