

Last updated: July 24, 2018

A note about revisions to templates:

CEPH will never make substantive changes to documents after they have been adopted by the Council.

However, as we work with our schools and programs to respond to the criteria, we often identify opportunities for clarification that can be achieved by making minor changes to templates.

Please be sure to download the most current version of the data templates.

Instructional Matrix - Degrees and Concentrations					
		Categorized as public health*	Campus based	Executive	Distance based
Bachelor's Degrees					
<i>Concentration</i>	<i>Degree</i>				
Master's Degrees					
	Academic	Professional			
<i>Concentration</i>	<i>Degree</i>	<i>Degree</i>			
Doctoral Degrees					
	Academic	Professional			
<i>Concentration</i>	<i>Degree</i>	<i>Degree</i>			
Joint Degrees (Dual, Combined, Concurrent, Accelerated Degrees)					
	Academic	Professional			
2nd Degree Area	Public Health Concentration				
<i>Degree area earned in conjunction</i>	<i>Existing or joint-specific</i>	<i>Degrees</i>	<i>Degrees</i>		

NOTES:

Degree refers to MPH, MS, PhD, DrPH, BS, etc.

Concentration refers to any area of study offered to students in school/program publicity/website, etc., including 'Generalist.'

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 doctorate degree are also considered joint degrees for the purposes of CEPH accreditation.

Students in joint degree programs may 1) complete one of the school or program's existing concentrations or 2) complete a curriculum structured around competencies developed specifically for the combined degree. The school or program should provide the name of the existing or joint-specific concentration within the table. Joint-specific concentrations must comply with all requirements associated with an MPH concentration throughout the document, including the faculty resource requirements.

Public health refers to the categorization of degrees and concentrations as public health vs. non-public health. The MPH and DrPH are ALWAYS public health degrees. Degrees such as DPT, MPP, MSW, etc. are non-public health degrees.

Executive refers to degrees/concentrations that require substantial place-based attendance but are offered in condensed time periods. Typically, executive-format degrees also require specific work experience or qualifications for admission.

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.

In this document, "concentration" refers to any area of study that the school or program advertises as available to students, via its catalog and/or website. For example, an MPH in epidemiology is a concentration. An MPH in epidemiology with focus areas in chronic disease and infectious disease would be two concentrations (chronic epi and infectious epi). In these criteria, "concentration" is synonymous with terms such as "specialization," "emphasis area" and "focus area." Plans of study that are clearly presented to students as "minors," however, are not considered to be concentrations.

* SPH only: all concentrations must be classified into one of two categories: public health or other/non-public health. For joint degrees, "categorized as public health" refer to the degree housed in the CEPH unit of accreditation. See Definitions in criteria document. PHP may delete this column.

SAMPLE INSTRUCTIONAL MATRIX

Instructional Matrix - Degrees and Concentrations						
Bachelor's Degrees		Categorized as public health	Campus based	Executive	Distance based	
Community Health	BS, BA	X	BS, BA			
Dietetics	BS		BS			
Exercise Science	BS		BS			
Master's Degrees		Academic	Professional			
Health Policy		MPH	X		MPH	
Epidemiology	MS	MPH	X	MPH, MS	MPH	
Environmental Health	MS	MPH	X	MPH, MS		
Global Health		MPH	X	MPH		
Healthcare Administration		MHA		MHA		
Athletic Training	MS			MS	MS	
Doctoral Degrees		Academic	Professional			
Epidemiology	PhD	DrPH	X	PhD	DrPH	
Health Promotion	PhD		X	PhD		
Biostatistics	PhD		X	PhD		
Human Performance	PhD			PhD		
Joint Degrees (Dual, Combined, Concurrent, Accelerated Degrees)		Academic	Professional			
2nd Degree Area	Public Health Concentration					
Law	Health Law		MPH-JD	X	MPH	
Business-Healthcare Administration			MBA-MHA		MHA	
Medicine	Any MPH concentration		MPH-MD	X	MPH	
4+1 Accelerated	BS in community health; any MPH concentration		BS-MPH	X	MPH	

Template Intro-2

Degree		Current Enrollment
Master's		
	MPH*	
	Academic public health master's*	
	All remaining master's degrees (SPH)	
Doctoral		
	DrPH*	
	Academic public health doctoral*	
	All remaining doctoral degrees (SPH)	
Bachelor's		
	BA/BS in public health*	
	All remaining bachelor's degrees (SPH)	

* Insert a row for each concentration within a public health degree. For example, if a school or program offers the MPH in four concentrations, this table should provide the current enrollment in each of the four concentrations separately.

Provide data for the most recent year for which complete data are available at the time of the site visit (not at the time your preliminary self-study is due).

Template B2-1

Students in X Degree, by Cohorts Entering Between 20xx-xx and 20xx-xx							
*Maximum Time to Graduate:							
	Cohort of Students	20xx-xx	20xx-xx	20xx-xx	20xx-xx	20xx-xx	20xx-xx
20xx-xx	# Students entered						
	# Students withdrew, dropped, etc.						
	# Students graduated						
	Cumulative graduation rate						
20xx-xx	# Students continuing at beginning of this school year (or # entering for newest cohort)						
	# Students withdrew, dropped, etc.						
	# Students graduated						
	Cumulative graduation rate						
20xx-xx	# Students continuing at beginning of this school year (or # entering for newest cohort)						
	# Students withdrew, dropped, etc.						
	# Students graduated						
	Cumulative graduation rate						
20xx-xx	# Students continuing at beginning of this school year (or # entering for newest cohort)						
	# Students withdrew, dropped, etc.						
	# Students graduated						
	Cumulative graduation rate						
20xx-xx	# Students continuing at beginning of this school year (or # entering for newest cohort)						
	# Students withdrew, dropped, etc.						
	# Students graduated						
	Cumulative graduation rate						
20xx-xx	# Students continuing at beginning of this school year (or # entering for newest cohort)						
	# Students withdrew, dropped, etc.						
	# Students graduated						
	Cumulative graduation rate						
20xx-xx	# Students continuing at beginning of this school year (or # entering for newest cohort)						
	# Students withdrew, dropped, etc.						
	# Students graduated						
	Cumulative graduation rate						
20xx-xx	# Students continuing at beginning of this school year (or # entering for newest cohort)						
	# Students withdrew, dropped, etc.						
	# Students graduated						
	Cumulative graduation rate						

* Maximum Time to Graduate (MTTG) should be presented in years. Each column represents one year. For example, if the MTTG is four years, then the table should contain four columns of data.

Track students vertically by column (ie, not across each row).

The school or program tracks the students who enter each degree school or program via a defined entry point (enrollment in the first semester of classes, completion of a certain number of prerequisite credits, etc.). The number of entering students, as defined here, constitutes a cohort for the purpose of calculating graduation rates.

The school or program follows the members of the cohort until they reach a defined outcome: graduation, withdrawal, transfer to a different degree or dismissal. Dismissal is assumed to be the outcome when the cohort reaches the maximum allowable time to graduation without achieving one of the other outcomes, except in special circumstances. The school or program documents all special circumstances.

At the maximum allowable time to graduation for each degree, which is typically defined by the university, the school or program calculates a graduation rate by dividing the number of students with graduation as the outcome (numerator) by the total number of students in the cohort (denominator).

The school or program may subtract students who transferred to a different degree from the total number of students when calculating the graduation rate, but the school or program must provide evidence that it is tracking and evaluating the reasons for transfers.

If the maximum time to graduation for the MPH degree is seven years, the school or program would calculate the graduation rate for MPH students who entered the graduation rate calculation cohort in 2015 in the year 2022.

Complete one template for each public health degree offered (eg, BS, MPH, MS, PhD). SPH only: For all degrees (eg, BS) in which the SPH offers a mix of public health concentrations and "other" concentrations, the SPH should present data ONLY for the public health concentrations. SPHs that include such "mixed" degrees should list the specific concentrations that are included in each data set. See "Definitions" at the end of this document and "Degree Classification Key," available on the CEPH website.

Template B2-1 EXAMPLE

Students in X Degree, by Cohorts Entering Between 20xx-xx and 20xx-xx								
*Maximum Time to Graduate: 7 years								
	Cohort of Students	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
2012-13	# Students entered	100						
	# Students withdrew, dropped, etc.	5						
	# Students graduated	0						
	Cumulative graduation rate	0%						
2013-14	# Students continuing at beginning of this school year (or # entering for newest cohort)	95	80					
	# Students withdrew, dropped, etc.	10	2					
	# Students graduated	75	0					
	Cumulative graduation rate	75%	0%					
2014-15	# Students continuing at beginning of this school year (or # entering for newest cohort)	10	78					
	# Students withdrew, dropped, etc.	3	3					
	# Students graduated	5	40					
	Cumulative graduation rate	80%	50%					
2015-16	# Students continuing at beginning of this school year (or # entering for newest cohort)	2	35					
	# Students withdrew, dropped, etc.	1	4					
	# Students graduated	1	26					
	Cumulative graduation rate	81%	83%					
2016-17	# Students continuing at beginning of this school year (or # entering for newest cohort)	0	5					
	# Students withdrew, dropped, etc.	---	0					
	# Students graduated	---	5					
	Cumulative graduation rate	81%	89%					
2017-18	# Students continuing at beginning of this school year (or # entering for newest cohort)	---	---					
	# Students withdrew, dropped, etc.	---	---					
	# Students graduated	---	---					
	Cumulative graduation rate	81%	89%					
2018-19	# Students continuing at beginning of this school year (or # entering for newest cohort)	---	---					
	# Students withdrew, dropped, etc.	---	---					
	# Students graduated	---	---					
	Cumulative graduation rate	81%	89%					

* Maximum Time to Graduate (MTTG) should be presented in years. Each column represents one year. For example, if the MTTG is four years, then the table should contain four columns.

Track students vertically by column (ie, not across each row).

The school or program tracks the students who enter each degree school or program via a defined entry point (enrollment in the first semester of classes, completion of a certain number of prerequisite credits, etc.). The number of entering students, as defined here, constitutes a cohort for the purpose of calculating graduation rates.

The school or program follows the members of the cohort until they reach a defined outcome: graduation, withdrawal, transfer to a different degree or dismissal. Dismissal is assumed to be the outcome when the cohort reaches the maximum allowable time to graduation without achieving one of the other outcomes, except in special circumstances. The school or program documents all special circumstances.

At the maximum allowable time to graduation for each degree, which is typically defined by the university, the school or program calculates a graduation rate by dividing the number of students with graduation as the outcome (numerator) by the total number of students in the cohort (denominator).

The school or program may subtract students who transferred to a different degree from the total number of students when calculating the graduation rate, but the school or program must provide evidence that it is tracking and evaluating the reasons for transfers.

If the maximum time to graduation for the MPH degree is seven years, the school or program would calculate the graduation rate for MPH students who entered the graduation rate calculation cohort in 2015 in the year 2022.

Complete one template for each public health degree offered (eg, BS, MPH, MS, PhD). SPH only: For all degrees (eg, BS) in which the SPH offers a mix of public health concentrations and "other" concentrations, the SPH should present data ONLY for the public health concentrations. SPHs that include such "mixed" degrees should list the specific concentrations that are included in each data set. See "Definitions" at the end of this document and "Degree Classification Key," available on the CEPH website.

Data on public health doctoral student progression.

Template B2-2: Doctoral Student Data for year 20yy			
	Doctoral concentration 1	Doctoral concentration 2	Doctoral concentration 3
# newly admitted in 20yy			
# currently enrolled (total) in 20yy			
# completed coursework during 20xx			
# in candidacy status (cumulative) during 20xx			
# graduated in 20xx			

School/program should replace 20yy with the current academic year, and replace 20xx with the previous academic year.

Total number of students currently enrolled (second line) should include both newly matriculating students and continuing students.

Total number of students in candidacy status (fourth line) should include students advancing to candidacy status in 20xx as well as students who advanced to candidacy status in earlier years and still remain in this status.

School/program should add columns for each doctoral concentration.

If Graduate School reporting makes formal advancement to candidacy (fourth row of data) difficult to track, another appropriate milestone may be substituted.

Template B2-2 EXAMPLE

Template B2-2: Doctoral Student Data for year 20yy			
	Doctoral concentration 1	Doctoral concentration 2	Doctoral concentration 3
# newly admitted in 20yy			
# currently enrolled (total) in 20yy	every student who has ever entered this program of study who hasn't yet graduated or withdrawn; includes the students counted in the first row		
# completed coursework during 20xx	only the students who reached this milestone in the previous academic year; these students typically move on to complete a comp exam, proposal preparation & defense, etc.		
# in candidacy status (cumulative) during 20xx	all students who are in the "all but dissertation" stage regardless of when they entered this stage; only remaining requirement is to complete and defend the final requirement (eg, dissertation)		
# graduated in 20xx			

School/program should replace 20yy with the current academic year, and replace 20xx with the previous academic year.

Total number of students currently enrolled (second line) should include both newly matriculating students and continuing students.

Total number of students in candidacy status (fourth line) should include students advancing to candidacy status in 20xx as well as students who advanced to candidacy status in earlier years and still remain in this status.

School/program should add columns for each doctoral concentration.

If Graduate School reporting makes formal advancement to candidacy (fourth row of data) difficult to track, another appropriate milestone may be substituted.

Template B3-1

Post-Graduation Outcomes	20xx Number and percentage	20xx Number and percentage	20xx Number and percentage
Employed			
Continuing education/training (not employed)			
Not seeking employment or not seeking additional education by choice			
Actively seeking employment or enrollment in further education			
Unknown			
Total graduates (known + unknown)			

Schools and programs should include a table for each public health degree conferred (eg, BS, MPH, MS, PhD, DrPH, etc.).

Graduates may take approximately one year from graduation to secure employment or pursue further education/training.

Example: If the site visit takes place in fall 2016 or spring 2017, the most recent year of data (Year 3) would be based on students who graduated in 2014-2015. See CEPH's FAQ document about collecting and reporting job placement data for more information.

Schools and programs may wish to collect more detailed data on employment setting. Additional tables may be included in the electronic resource file but are not required.

The program tracks the students who graduate in a given academic year (or calendar or fiscal year, depending on the program's choice). The number of graduates in the defined time period constitutes a cohort for the purpose of calculating placement rates.

Within one year of graduation, the program calculates an outcomes rate by dividing the number of students who are employed, enrolled in additional education, or not seeking employment or not seeking additional education by choice by the total number of students whose status is known in the cohort. The program also provides data on the number of students for whom the outcome is unknown.

The one-year window allows the program to gather accurate information on students who may take time after graduation to secure placement. The program may gather placement information on each student at any time from the period immediately preceding graduation to approximately one year after graduation.

Schools and programs can use timelines associated with other data collection processes (eg, NACE, ASPPH) if they wish. For example, schools and programs may wish to define the graduating cohort as those who graduate between July 1 and June 30 and collect the data on the entire cohort by one year after the cohort end date. This data collection practice aligns with current ASPPH data collection efforts.

Template B3-1 EXAMPLE

Post-Graduation Outcomes	2015 Number and percentage	2016 Number and percentage	20x17 Number and percentage
Employed	32 (58%)		
Continuing education/training (not employed)	12 (22%)		
Not seeking employment or not seeking additional education by choice	2 (4%)		
Actively seeking employment or enrollment in further education	6 (11%)		
Unknown	3 (5%)		
Total graduates (known + unknown)	55 (100%)		

Schools and programs should include a table for each public health degree conferred (eg, BS, MPH, MS, PhD, DrPH, etc.).

Graduates may take approximately one year from graduation to secure employment or pursue further education/training.

Example: If the site visit takes place in fall 2018 or spring 2019, the most recent year of data (Year 3) would be based on students who graduated in 2016-2017. See CEPH's FAQ document about collecting and reporting job placement data for more information.

Schools and programs may wish to collect more detailed data on employment setting. Additional tables may be included in the electronic resource file but are not required.

The program tracks the students who graduate in a given academic year (or calendar or fiscal year, depending on the program's choice). The number of graduates in the defined time period constitutes a cohort for the purpose of calculating placement rates.

Within one year of graduation, the program calculates an outcomes rate by dividing the number of students who are employed, enrolled in additional education, or not seeking employment or not seeking additional education by choice by the total number of students whose status is known in the cohort. The program also provides data on the number of students for whom the outcome is unknown.

The one-year window allows the program to gather accurate information on students who may take time after graduation to secure placement. The program may gather placement information on each student at any time from the period immediately preceding graduation to approximately one year after graduation.

Schools and programs can use timelines associated with other data collection processes (eg, NACE, ASPPH) if they wish. For example, schools and programs may wish to define the graduating cohort as those who graduate between July 1 and June 30 and collect the data on the entire cohort by one year after the cohort end date. This data collection practice aligns with current ASPPH data collection efforts.

Template B5-1

Evaluation measures	Identify data source(s) and describe how raw data are analyzed and presented for decision making*	Responsibility for review
Goal Statement		
<i>Measure</i>		
<i>Measure</i>		
Goal Statement		
<i>Measure</i>		
<i>Measure</i>		
Goal Statement		
<i>Measure</i>		
<i>Measure</i>		

* Provide evidence of implementation of the methods (eg, reports, data summaries, meeting minutes) in the ERF in response to documentation request B5.3. Add or delete rows as necessary. There is no minimum or maximum number of evaluation measures.

Template B5-1 EXAMPLE

Evaluation measures	Identify data source(s) and describe how raw data are analyzed and presented for decision making*	Responsibility for review
Instruction goal: Strengthen student-centered culture and excellence in public health education through an engaging and innovative teaching and learning environment.		
<i>Number of courses with service learning & nature of engagement with community</i>	Curriculum Committee annual report based on review of syllabi	Full faculty @ annual retreat
<i>Student perceptions of classroom innovation</i>	Dept administrator generates report from end-of-course surveys	Curriculum Committee: first meeting ea. semester
<i>Faculty participation in pedagogy-focused professional development</i>	Program coordinator produces summary report based on faculty self-report on annual evaluation	Department chair, full faculty @ annual retreat
<i>Faculty engagement in research designed to generate new knowledge in public health practice and policy.</i>	Program coordinator produces summary report based on faculty self-report on annual evaluation	Department chair, full faculty @ annual retreat

* Provide evidence of implementation of the methods (eg, reports, data summaries, meeting minutes) in the ERF in response to

Add or delete rows as necessary. There is no minimum or maximum number of evaluation measures.

Template C1-1

Sources of Funds and Expenditures by Major Category, 20xx to 20xx					
	Year1	Year 2	Year 3	Year 4	Year 5
Source of Funds					
Tuition & Fees					
State Appropriation					
University Funds					
Grants/Contracts					
Indirect Cost Recovery					
Endowment					
Gifts					
Other (explain)					
Other (explain)					
Other (explain)					
Total					
Expenditures					
Faculty Salaries & Benefits					
Staff Salaries & Benefits					
Operations					
Travel					
Student Support					
University Tax					
Other (explain)					
Other (explain)					
Other (explain)					
Total					

NOTES: Not all categories listed above will be relevant to all schools/programs. Omit any blank or NA rows & use "other" rows to add categories as needed. Use footnotes or narrative to define categories as necessary. Data should be presented by calendar year, academic year or fiscal year as appropriate—define in header row and in accompanying narrative.

Provide data for each of the last five years. The final column of data should be the most recent year for which complete data are available at the time of the site visit (not at the time your preliminary self-study is due).

If required data are not available when the preliminary self-study is submitted, you may leave these cells blank and provide a footnote to explain that the table will be updated later. Updates between the preliminary and final self-studies (and even between the final self-study and site visit) are typical.

Example: If your site visit takes place in fall 2016 or spring 2017, the template must present data for 2015-2016, as well as the four to six prior years.

Template C2-1 (schools)

	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.

[^]**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 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 as a whole rather than to individual concentrations.

Template C2-1 (schools)

	MASTER'S			DOCTORAL	BACHELOR'S	ADDITIONAL FACULTY ⁺
CONCENTRATION	PIF 1*	PIF 2*	FACULTY 3 [^]	PIF 4*	PIF 5*	
GLOBAL HEALTH						
MPH MS PhD	Stephen Paul 1.0	Benny Harrison 1.0	Delbert Haynes 0.3	Silvia Summers 1.0	NA	PIF: 1 Non-PIF: 20
HEALTH PROMOTION						
MPH MS DrPH BSPH	Stephen Paul 1.0	Raquel Green 1.0	Delbert Haynes 0.3	Hannah Brooks 1.0	Fred Glover 1.0	PIF: 7 Non-PIF: 5
COMMUNITY HEALTH						
MPH	Molly Wagner 1.0	Joseph Little 1.0	Stephen Paul 1.0	NA	NA	PIF: 10 Non-PIF: 3

TOTALS:	Named PIF	8
	Total PIF	21
	Non-PIF	20

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

[^]**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 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 as a whole rather than to individual concentrations.

Template C2-1 (programs)

	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 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 program as a whole rather than to individual concentrations.

Template C2-1 (programs)

	MASTER'S			DOCTORAL	BACHELOR'S	ADDITIONAL FACULTY ⁺
CONCENTRATION	PIF 1*	PIF 2*	FACULTY 3 [^]	PIF 4*	PIF 5*	
GLOBAL HEALTH						
MPH MS PhD	Kate Moran 1.0	Morris Cole 0.5	Loren Becker 0.3	Anita Hudson 0.6	NA	PIF: 1 Non-PIF: 4
HEALTH PROMOTION						
MPH MS DrPH BSPH	Josefina Hall 0.5	Bryan Fox 0.5	Eloise Berry 0.25	Krystal Norton 0.75	Camille Mann 1.0	PIF: 3 Non-PIF: 5
COMMUNITY HEALTH						
MPH	Kate Moran 1.0	Adam Henderson 0.6	Julio Fuller 0.5	NA	NA	PIF: 0 Non-PIF: 3

TOTALS:	Named PIF	9
	Total PIF	13
	Non-PIF	12

***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 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 program as a whole rather than to individual concentrations.

Template C2-2. Faculty regularly involved in advising, mentoring and the integrative experience

General advising & career counseling			
Degree level	Average	Min	Max
Bachelor's			
Master's			
Doctoral			

Advising in MPH integrative experience		
Average	Min	Max
Supervision/Advising of bachelor's cumulative or experiential activity		
Average	Min	Max

Mentoring/primary advising on thesis, dissertation or DrPH integrative project			
Degree	Average	Min	Max
DrPH			
PhD			
Master's other than MPH			

For each calculation, only include faculty who participate in the activity (ie, zeroes should not be included in the calculation). If both primary instructional faculty and non-primary instructional faculty or staff are regularly involved in these activities, stratify the data.

Min is the lowest number of students that a faculty member advises and Max is the highest number of students that a faculty member advises at defined point in time, chosen by the school or program. Point in time must be suitably representative (eg, sixth week of fall semester).

Mentoring/primary advising on thesis, dissertation or DrPH integrative project counts first readers only.

Backup documentation used in calculations must be provided in the electronic resource file.

Schools should only present data on public health degrees and concentrations.

Template C3-1. Staff support

Role/function	FTE

Template D1-1

A matrix that indicates the required learning experiences that provide exposure to each of the required learning objectives identified in D1 (1-12). The matrix must identify all options for MPH (and DrPH, if applicable) students used by the school or program.

Content Coverage for MPH (and DrPH degrees, if applicable) (SPH and PHP)	
Content	Course number(s) & name(s) or other educational requirements
1. Explain public health history, philosophy and values	
2. Identify the core functions of public health and the 10 Essential Services*	
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health	
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program	
5. Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.	
6. Explain the critical importance of evidence in advancing public health knowledge	
7. Explain effects of environmental factors on a population's health	
8. Explain biological and genetic factors that affect a population's health	
9. Explain behavioral and psychological factors that affect a population's health	
10. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities	
11. Explain how globalization affects global burdens of disease	
12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (eg, One Health)	

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

Template D2-2

Assessment of Competencies for MPH in X Concentration		
Competency	Course number(s) and name(s)*	Describe specific assessment opportunity ⁿ
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		

* The Council understands that schools and programs may assess each competency multiple times. This template need not catalog all assessments of the competency. The school or program may choose an example for each, but must present sufficient information to assure reviewers that no MPH student could complete the program without being assessed on each of the listed competencies.

ⁿ It is helpful to provide a brief description of the assessment opportunity in this template. In addition, reference to the applicable section of a syllabus is also useful. More detailed descriptions of the assessment should be available to reviewers - either on the syllabus or by including additional documentation (eg, exams, discussion questions, case studies) in the ERF.

[^] In this context, "interprofessional" refers to engagement with professionals (either students in other professions or practicing professionals) outside of public health (eg, architects, nurses), rather than engagement with individuals from other public health disciplines (eg, biostatisticians, health promotion specialists).

"Interprofessional education occurs when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes." From: Framework for Action on Interprofessional Education & Collaborative Practice (WHO/HRH/HPN/10.3).

Template D2-2 EXAMPLE

Assessment of Competencies for MPH in X Concentration		
Competency	Course number(s) and name(s)*	Describe specific assessment opportunity*
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	MPH 603: Principles of Epidemiology	Week 7: PowerPoint presentation – analyze data re: LGBTQ health inequities and provide a policy recommendation
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	MPH 602: Health Care Systems	Week 3: Discussion question post & response – respond to at least 3 posts offering comparisons of health systems Mid-term exam - essay questions on regulations, organization, structure and functions
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		Homework 3 - Develop literature review providing theory or evidence as to how and why social determinants are associated with given health outcome. Homework 5 - Present and describe geography and socio-demographics of given neighborhood and health outcome of interest, contextualize data by contrasting the neighborhood with the town/borough and city. Contrast the health outcome with other geographic areas, present conceptual framework, and discuss how observations and the data relate to the conceptual framework.
Planning & Management to Promote Health		
7. Assess population needs, assets and capacities that affect communities' health	PUBH 700: Social & Behavioral Sciences	Environmental scan & needs assessment – report & presentation to community partner Needs assessment report - based on water treatment plant field trip and review of background documents
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	PUBH 732: Health Promotion & Equity SBS 623: Health Communication	Letter to an elected official about a local health issue Op-ed submission to media outlet
15. Evaluate policies for their impact on public health and health equity		Homework 1 - Explore cross-national differences in the relationship between health care financing and life expectancy; make use of, analyze and describe public data from gapminder.org
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	MPH 602: Public Health in Practice	Written proposal - MPH, law and social work students work with law enforcement to address issue (eg, opioid abuse)
Systems Thinking		
22. Apply systems thinking tools to a public health issue	MPH 602: Public Health in Practice	Week 7 presentation – Identify a system and use a systems thinking model or archetype to predict the system's behavior

* The Council understands that schools and programs may assess each competency multiple times. This template need not catalog all assessments of the competency. The school or program may choose an example for each, but must present sufficient information to assure reviewers that no MPH student could complete the program without being assessed on each of the listed competencies.

* It is helpful to provide a brief description of the assessment opportunity in this template. In addition, reference to the applicable section of a syllabus is also useful. More detailed descriptions of the assessment should be available to reviewers - either on the syllabus or by including additional documentation (eg, exams, discussion questions, case studies) in the ERF.

* "Interprofessional education occurs when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes." From: Framework for Action on Interprofessional Education & Collaborative Practice (WHO/HRH/HPN/10.3). In this context, "interprofessional" refers to engagement with professionals (either students in other professions or practicing professions) outside of public health (eg, architects, nurses), rather than to engagement with individuals from other public health disciplines (eg, biostatisticians, health promotion specialists).

Template D3-2

Assessment of Competencies for DrPH in X Concentration		
Competency	Course number(s) and name(s)*	Describe specific assessment opportunity ^o
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 stakeholders, including researchers, practitioners, community leaders and other partners		
5. Communicate public health science to diverse stakeholders, 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 and systems in addressing public health problems		
7. Create a strategic plan		
8. Facilitate shared decision making through negotiation and consensus-building methods		
9. Create organizational change strategies		
10. Propose strategies to promote inclusion and equity 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 goal		
Policy & Programs		
14. Design a system-level intervention to address a public health issue		
15. Integrate knowledge of 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 stakeholder interests in policy development and analysis		
17. Propose interprofessional [^] 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 schools and programs may assess each competency multiple times. This template need not catalog all assessments of the competency. The school or program may choose an example for each, but must present sufficient information to assure reviewers that no DrPH student could complete the program without being assessed on each of the listed skills.

^o It is helpful to provide a brief description of the assessment opportunity in this template. In addition, reference to the applicable section of a syllabus is also useful. More detailed descriptions of the assessment should be available to reviewers - either on the syllabus or by including additional documentation (eg, exams, discussion questions, case studies) in the ERF.

[^] "Interprofessional education occurs when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes." From: Framework for Action on Interprofessional Education & Collaborative Practice (WHO/HRH/HPN/10.3).
In this context, "interprofessional" refers to engagement with professionals outside of public health (eg, architects, nurses), rather than to engagement with individuals from other public health disciplines (eg, biostatisticians, health promotion specialists).

Template D4-1

Assessment of Competencies for MPH/DrPH in X Concentration		
Competency	Course number(s) and name(s)	Describe specific assessment opportunityⁿ
1.		
2.		
3.		
4.		
5.		

ⁿ It is helpful to provide a brief description of the assessment opportunity in this template. In addition, reference to the applicable section of a syllabus is also useful. More detailed descriptions of the assessment should be available to reviewers - either on the syllabus or by including additional documentation (eg, exams, discussion questions, case studies) in the ERF.

- Concentration competencies MUST be more advanced than or distinct from any CEPH-provided foundational elements (knowledge and competencies)
- CEPH encourages all schools and programs to develop concentration competencies that relate to the school or program's mission and respond to community needs and priorities.
- If a specific concentration is intended to prepare students for CHES certification and NCHCEC competencies are integrated into the curriculum, CEPH has provided this analysis to assist schools and programs in choosing NCHCEC competencies not covered in the foundational curriculum.
- Regardless of the source of concentration competencies, schools and programs must not choose competencies that are non-compliant with CEPH criteria.

NCHCEC Areas of Responsibility & Competencies	Coverage in MPH Foundational Curriculum
I. Assess Needs, Resources and Capacity for Health Education/Promotion	K = Foundational Knowledge C = Foundational Competency
1.1 Plan assessment process for health education/promotion	C 7. Assess population needs, assets and capacities that affect communities' health
1.2 Access existing information and data related to health	Public health bachelor's competency: locate, use, evaluate and synthesize public health information - Not appropriate for master's-level concentration competency
1.3 Collect primary data to determine needs	
1.4 Analyze relationships among behavioral, environmental and other factors that influence health	K 7. Explain effects of environmental factors on a population's health K 8. Explain biological and genetic factors that affect a population's health K 9. Explain behavioral and psychological factors that affect a population's health K 10. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities
1.5 Examine factors that influence the process by which people learn [†]	
1.6 Examine factors that enhance or impede the process of health education/promotion [†]	
1.7 Determine needs for health education/promotion based on assessment findings	C 7. Assess population needs, assets and capacities that affect communities' health
II. Plan Health Education/Promotion	
2.1 Involve priority populations, partners and other stakeholders in the planning process	
2.2 Develop goals and objectives	
2.3 Select or design strategies/interventions	C 9. Design a population-based policy, program, project or intervention
2.4 Develop a plan for the delivery of health education/promotion	C 9. Design a population-based policy, program, project or intervention
2.5 Address factors that influence implementation of health education/promotion	C 8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs
III. Implement Health Education/Promotion	
3.1 Coordinate logistics necessary to implement plan	
3.2 Train staff members and volunteers involved in implementation of health education/promotion	
3.3 Implement health education/promotion plan	
3.4 Monitor implementation of health education/promotion	
IV. Conduct Evaluation and Research Related to Health Education/Promotion	
4.1 Develop evaluation plan for health education/promotion	
4.2 Develop a research plan for health education/promotion	
4.3 Select, adapt and/or create instruments to collect data [*]	
4.4 Collect and manage data [*]	
4.5 Analyze data	C 3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate
4.6 Interpret results	C 4. Interpret results of data analysis for public health research, policy or practice
4.7 Apply findings	
V. Administer and Manage Health Education/Promotion	
5.1 Manage financial resources for health education/promotion programs [^]	
5.2 Manage technology resources [^]	
5.3 Manage relationships with partners and other stakeholders [^]	
5.4 Gain acceptance and support for health education/promotion programs	C 14. Advocate for political, social or economic policies and programs that will improve health in diverse populations
5.5 Demonstrate leadership	C 16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making
5.6 Manage human resources for health education/promotion programs [^]	
VI. Serve as a Health Education/Promotion Resource Person	
6.1 Obtain and disseminate health-related information	C 19. Communicate audience-appropriate public health content, both in writing and through oral presentation
6.2 Train others to use health education/promotion skills	
6.3 Provide advice and consultation on health education/promotion issues	
VII. Education/Promotion and the Profession	
7.1 Identify, develop and deliver messages using a variety of communication strategies, methods and techniques	C 18. Select communication strategies for different audiences and sectors C 19. Communicate audience-appropriate public health content, both in writing and through oral presentation
7.2 Engage in advocacy for health and health education/promotion	C 14. Advocate for political, social or economic policies and programs that will improve health in diverse populations
7.3 Influence policy and/or systems change to promote health and health education	C 14. Advocate for political, social or economic policies and programs that will improve health in diverse populations
7.4 Promote the health education profession	

[†] If these competencies are presented as concentration competencies, they should be combined into a single statement.

^{*} If these competencies are presented as concentration competencies, they should be combined into a single statement.

[^] If these competencies are presented as concentration competencies, they should be combined into a single statement.

Template D3-2 EXAMPLE

Assessment of Competencies for DrPH in X Concentration		
Competency	Course number(s) and name(s)*	Describe specific assessment opportunity
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	EPID 805: Advanced Principles of Epidemiology	Discussions and case study: Module 9 Using public health surveillance and WHO guidelines, students are required to post meaningful discussions and responses to other students' posts using peer-reviewed citations
2. Design a qualitative, quantitative, mixed methods, policy analysis or evaluation project to address a public health issue	HPMT 6114 Advanced Public Health Policy and Management	CAM Analysis Paper: students describe public health problem, provide rationale for analysis and summary of methods used, present findings from analysis (analysis of alternatives based on the selected criteria), and identify preferred alternative
	HPMT 6426 Racial and Ethnic Health Disparities	Service Learning Project: Design a qualitative evaluation project that involves primary data collection through in-depth interviews about transgender patients' experiences seeking health care in the emergency
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 stakeholders, including researchers, practitioners, community leaders and other partners		
5. Communicate public health science to diverse stakeholders, 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 and systems in addressing public health problems		
7. Create a strategic plan	HPMT 5124 Health Systems Strategic Planning	Group Project: prepare a strategic planning document (consisting of an executive summary, a written narrative report, and an accompanying Powerpoint presentation) for a healthcare organization
8. Facilitate shared decision making through negotiation and consensus-building methods		
9. Create organizational change strategies		
10. Propose strategies to promote inclusion and equity 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 goal		
Policy & Programs		
14. Design a system-level intervention to address a public health issue		
15. Integrate knowledge of 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 stakeholder interests in policy development and analysis	PUBH 9070: Integration of Science and Practice	Policy memo: culminating experience that enables students to prepare evidence-based communication and questioning in a current "real-world" public health challenge; that of a controversial issue in which evidence may be incomplete or inconclusive (e.g., e-cigarettes, opioids)
17. Propose interprofessional^ 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	EPID 6001 Instructional Methods and Teaching Practicum	Presentations 1, 2, & 3: Students present three 1-hr lectures in three separate classes taught in their discipline or in the MPH program generally

* The Council understands that schools and programs may assess each competency multiple times. This template need not catalog all assessments of the competency. The school or program may choose an example for each, but must present sufficient information to assure reviewers that no DrPH student could complete the program without being assessed on each of the listed skills.

^ It is helpful to provide a brief description of the assessment opportunity in this template. In addition, reference to the applicable section of a syllabus is also useful. More detailed descriptions of the assessment should be available to reviewers - either on the syllabus or by including additional documentation (eg, exams, discussion questions, case studies) in the ERF.

^ Interprofessional education occurs when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes. From: Framework for Action on Interprofessional Education & Collaborative Practice (WHO/HRH/HPN/10.3). In this context, "interprofessional" refers to engagement with professionals outside of public health (eg, architects, nurses), rather than to engagement with individuals from other public health disciplines (eg, biostatisticians, health promotion specialists).

Template D5-1

(include samples in ERF, not self-study)

Practice-based products that demonstrate MPH competency achievement	
Specific products in portfolio that demonstrate application or practice[^]	Competency as defined in Criteria D2 and D4*
	1.
	2.
	3.
	4.
	5.

[^] Each student portfolio must include at least two products

* Each student must demonstrate attainment of at least five competencies, of which at least three must be foundational competencies (as defined in Criterion D2).

If the products and competencies are the same for all students, this template may be completed one time and included in the self-study document. If the products and/or competencies vary by student, this template should be completed for each student individually and be included as part of each portfolio.

Template D5-1 EXAMPLE

Practice-based products that demonstrate MPH competency achievement: Student in Health Education & Promotion Concentration	
Specific products in portfolio that demonstrate application or practice[^]	Competency as defined in Criteria D2 and D4*
Training manual for staff; brochure for participants; logic model for supervisor & staff; PowerPoint presentation of process & deliverables to preceptor, faculty & peers	8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs
	18. Select communication strategies for different audiences and sectors
	19. Communicate audience-appropriate public health content, both in writing and through oral presentation
	HEP conc comp: Plan health education/promotion
	HEP conc comp: Communicate, promote and advocate for health, health education/promotion, and the profession

Practice-based products that demonstrate MPH competency achievement: Student in Health Management & Policy Concentration	
Specific products in portfolio that demonstrate application or practice[^]	Competency as defined in Criteria D2 and D4*
Policy analysis; strategy analysis; PowerPoint presentation of process & deliverables to preceptor, faculty & peers	4. Interpret the results of data analysis for public health research, policy or practice 5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings 15. Evaluate policies for their impact on public health and health equity HMP conc comp 2: Analyze the ethical assumptions and components underlying health policy decisions HMP conc comp 4: Present a strategy for addressing a health policy challenge, including the likely impact on efficiency, quality, effectiveness, costs, and equity

[^] Each student portfolio must include at least two products

* Each student must demonstrate attainment of at least five competencies, of which at least three must be foundational competencies (as defined). If the products and competencies are the same for all students, this template may be completed one time and included in the self-study document.

Template D6-1

Practice-based products that demonstrate DrPH competency achievement: X Concentration	
Specific assignment(s) that demonstrate application or practice	Competency as defined in Criterion D3 or D4*
	1.
	2.
	3.
	4.
	5.

* Identify a minimum of five foundational and/or concentration-specific competencies (as defined in Criteria D3 and D4) that are reinforced and/or assessed through application. Choose at least one competency from the leadership, management and governance domain in Criterion D3 or choose a concentration-specific competency identified in Criterion D4 if it relates to leadership skills.

Template D7-1

MPH Integrative Learning Experience for X Concentration	
Integrative learning experience (list all options)	How competencies are synthesized

Template D7-1 EXAMPLE

MPH Integrative Learning Experience for Health Education & Promotion Concentration	
Integrative learning experience (list all options)	How competencies are synthesized
Capstone paper	Students self-identify competencies in the proposal stage; an advisor approves the proposal and identified competencies; three faculty readers use a rubric that is populated with the competencies to assess the student's ability to appropriately integrate and synthesize

Template D8-1

DrPH Integrative Learning Experience for X Concentration	
Integrative learning experience (list all options)	How competencies are synthesized

Template D9-1

A matrix that indicates the experience(s) that ensure that students are introduced to each of the domains indicated in Criterion D9.

Domains	Courses and other learning experiences through which students are introduced to the domains specified
Science: Introduction to the foundations of scientific knowledge, including the biological and life sciences and the concepts of health and disease	
Social and Behavioral Sciences: Introduction to the foundations of social and behavioral sciences	
Math/Quantitative Reasoning: Introduction to basic statistics	
Humanities/Fine Arts: Introduction to the humanities/fine arts	

If numerous choices are possible for a domain, rather than listing many options, provide a narrative description of how the school/program assures that each student is introduced to each domain.

Template D9-1 EXAMPLE

A matrix that indicates the experience(s) that ensure that students are introduced to each of the domains indicated in Criterion D9.

Domains	Courses and other learning experiences through which students are introduced to the domains specified
Science: Introduction to the foundations of scientific knowledge, including the biological and life sciences and the concepts of health and disease	Two semesters of biology and two labs
Social and Behavioral Sciences: Introduction to the foundations of social and behavioral sciences	Required major courses: PUBH 301: Community Health and Disease Prevention ENV 312: Environmental Pollution & Health
Math/Quantitative Reasoning: Introduction to basic statistics	STAT 113: Introduction to Statistics OR STAT 201: Elementary Statistics
Humanities/Fine Arts: Introduction to the humanities/fine arts	Public health faculty advisor reviews student's transcript to ensure that coursework in this domain has been completed.

If numerous choices are possible for a domain, rather than listing many options, provide a narrative description of how the school/program assures that each student is introduced to each domain.

Template D11-1

A matrix that indicates the assessment opportunities that ensure that students demonstrate the elements of the competencies stated in Criterion D11.

Competencies		Course number(s) & name(s) or other educational requirements	Specific assessment opportunity
Public Health Communication: Students should be able to communicate public health information, in both oral and written forms and through a variety of media, to diverse audiences			
	Oral communication		
	Written communication		
	Communicate with diverse audiences		
	Communicate through variety of media		
Information Literacy: Students should be able to locate, use, evaluate and synthesize public health information			
	Locate information		
	Use information		
	Evaluate information		
	Synthesize information		

Template D11-1 EXAMPLE

A matrix that indicates the assessment opportunities that ensure that students demonstrate the elements of the competencies stated in Criterion D11.

Competencies		Course number(s) & name(s) or other educational requirements	Specific assessment opportunity
Public Health Communication: Students should be able to communicate public health information, in both oral and written forms and through a variety of media, to diverse audiences			
	Oral communication	PBH 375: Health Communication	Presentation on a current environmental health topic
	Written communication	PUB 452: Program Implementation & Evaluation	Training manual for community partner's education program FAQ sheet on infectious disease prevention
	Communicate with diverse audiences		
	Communicate through variety of media		
Information Literacy: Students should be able to locate, use, evaluate and synthesize public health information			
	Locate information		
	Use information		
	Evaluate information		
	Synthesize information		

Template D12-1

A matrix that identifies the cumulative and experiential activities through which students have the opportunity to integrate, synthesize and apply knowledge as indicated in Criterion D12.

Students have opportunities to integrate, synthesize and apply knowledge through cumulative and experiential activities. All students complete a cumulative, integrative and scholarly or applied experience or inquiry project that serves as a capstone to the education experience. These experiences may include, but are not limited to, internships, service-learning projects, senior seminars, portfolio projects, research papers or honors theses. Programs encourage exposure to local-level public health professionals and/or agencies that engage in public health practice.

Cumulative and Experiential Activity (internships, research papers, service-learning projects, etc.)	Narrative describing how activity provides students the opportunity to integrate, synthesize and apply knowledge.

Template D13-1

A brief narrative description of the manner in which the curriculum and co-curricular experiences expose students to the concepts in Criterion D13.

The program may mention a wide variety of experiences including but not limited to overall courses, specific assignments, service opportunities, university-mandated experiences, etc.

Concept	Manner in which the curriculum and co-curricular experiences expose students to the concepts
Advocacy for protection and promotion of the public's health at all levels of society	
Community dynamics	
Critical thinking and creativity	
Cultural contexts in which public health professionals work	
Ethical decision making as related to self and society	
Independent work and a personal work ethic	
Networking	
Organizational dynamics	
Professionalism	
Research methods	
Systems thinking	
Teamwork and leadership	

Template D13-1 EXAMPLE

A brief narrative description of the manner in which the curriculum and co-curricular experiences expose students to the concepts in Criterion D13.

The program may mention a wide variety of experiences including but not limited to overall courses, specific assignments, service opportunities, university-mandated experiences, etc.

Concept	Manner in which the curriculum and co-curricular experiences expose students to the concepts
Advocacy for protection and promotion of the public's health at all levels of society	Student-run public health organization focuses on advocacy both locally and statewide
Community dynamics	PUBH 423: students are exposed to community dynamics as they consider needs that are unique within communities and the importance of respecting unique needs while designing programs that effectively intervene with public health problems within the context of community values
Critical thinking and creativity	
Cultural contexts in which public health professionals work	
Ethical decision making as related to self and society	
Independent work and a personal work ethic	
Networking	HPRB 5900: Capstone in Health Promotion and Behavior - networking is discussed extensively; students are required to join LinkedIn and the alumni group.
Organizational dynamics	
Professionalism	Capstone experience: a major goal of the capstone is to help students present a professional image on social media (LinkedIn) and online (personal website). Elevator pitches are also learned and presented.
Research methods	
Systems thinking	In PHLS 473, the first lesson students are taught is systems modeling; systems thinking orientation is constantly reinforced in every lecture, assignment, and exam. The major class project is designed on a systems orientation focusing on program output (outcome and impact) and identifying strategies and resources to accomplish intended outcomes.
Teamwork and leadership	<p>HPRB 3700: Community Health - students complete a complex community needs assessment in small groups. Each student leads on a component of the final product.</p> <p>HPRB 5010: Research Design and Methods in Health Promotion - students work in small teams to conduct peer review sessions of the final literature review.</p>

Template D17-1

A matrix that indicates the required learning experiences that provide exposure to each of the required learning objectives identified in D17 (1-12). Typically, the school or program will present a separate matrix for each degree program, but matrices may be combined if requirements are identical.

Content Coverage for XXX academic public health master's degree (SPH and PHP, if applicable)		
Content	Course number(s) and name(s)	Describe specific assessment opportunityⁿ
1. Explain public health history, philosophy and values		
2. Identify the core functions of public health and the 10 Essential Services*		
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health		
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program		
5. Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.		
6. Explain the critical importance of evidence in advancing public health knowledge		
7. Explain effects of environmental factors on a population's health		
8. Explain biological and genetic factors that affect a population's health		
9. Explain behavioral and psychological factors that affect a population's health		
10. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities		
11. Explain how globalization affects global burdens of disease		
12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (eg, One Health)		

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

ⁿ It is helpful to provide a brief description of the assessment opportunity in this template. In addition, reference to the applicable section of a syllabus is also useful. More detailed descriptions of the assessment should be available to reviewers - either on the syllabus or by including additional documentation (eg, exams, discussion questions, case studies) in the ERF.

Template D17-2

Assessment of Competencies for Academic Master's Degrees in Public Health Fields		
Competency	Course number(s) and name(s)	Describe specific assessment opportunity ⁿ
1.		
2.		
3.		
4.		
5.		

ⁿ It is helpful to provide a brief description of the assessment opportunity in this template. In addition, reference to the applicable section of a syllabus is also useful. More detailed descriptions of the assessment should be available to reviewers - either on the syllabus or by including additional documentation (eg, exams, discussion questions, case studies) in the ERF.

Template D18-1

A matrix that indicates the required learning experiences that provide exposure to each of the required learning objectives identified in D18 (1-12). Typically, the program will present a separate matrix for each degree program, but matrices may be combined if requirements are identical.

Content Coverage for academic doctoral degree in a public health field (SPH and PHP, if applicable)		
Content	Course number(s) and name(s)	Describe specific assessment opportunityⁿ
1. Explain public health history, philosophy and values		
2. Identify the core functions of public health and the 10 Essential Services*		
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health		
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program		
5. Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.		
6. Explain the critical importance of evidence in advancing public health knowledge		
7. Explain effects of environmental factors on a population's health		
8. Explain biological and genetic factors that affect a population's health		
9. Explain behavioral and psychological factors that affect a population's health		
10. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities		
11. Explain how globalization affects global burdens of disease		
12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (eg, One Health)		

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

ⁿ It is helpful to provide a brief description of the assessment opportunity in this template. In addition, reference to the applicable section of a syllabus is also useful. More detailed descriptions of the assessment should be available to reviewers - either on the syllabus or by including additional documentation (eg, exams, discussion questions, case studies) in the ERF.

Template D18-2

Assessment of Competencies for Doctoral Degrees in Public Health Fields, Other than DrPH		
Competency	Course number(s) and name(s)	Describe specific assessment opportunity ^a
1.		
2.		
3.		
4.		
5.		

^a It is helpful to provide a brief description of the assessment opportunity in this template. In addition, reference to the applicable section of a syllabus is also useful. More detailed descriptions of the assessment should be available to reviewers - either on the syllabus or by including additional documentation (eg, exams, discussion questions, case studies) in the ERF.

Template D19-1

Content Coverage for X degree (All remaining degrees[^])		
Content	Course number(s) and name(s)	Describe specific assessment opportunity[^]
1. Explain public health history, philosophy and values		
2. Identify the core functions of public health and the 10 Essential Services [*]		
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health		
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program		
5. Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.		
6. Explain the critical importance of evidence in advancing public health knowledge		
7. Explain effects of environmental factors on a population's health		
8. Explain biological and genetic factors that affect a population's health		
9. Explain behavioral and psychological factors that affect a population's health		
10. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities		
11. Explain how globalization affects global burdens of disease		
12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (eg, One Health)		

[^]This criterion addresses ALL degrees and concentrations other than those identified as 1) professional public health degrees (addressed in Criteria D2, D3 & elsewhere), 2) academic public health degrees and concentrations (Criteria D13 & D14) or 3) public health bachelor's degrees and concentrations (Criterion D9). See "Definitions" as the end of the criteria document.

^{*}Institutions outside the US may replace 10 Essential Services with content appropriate to the nation/region.

[^] It is helpful to provide a brief description of the assessment opportunity in this template. In addition, reference to the applicable section of a syllabus is also useful. More detailed descriptions of the assessment should be available to reviewers - either on the syllabus or by including additional documentation (eg, exams, discussion questions, case studies) in the ERF.

Template E1-1 EXAMPLE

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 C2-1
Baker, Rebecca	Professor	Tenure	DrPh, MD	Cornell	Community health	Global Health
Barnes, Brian	Assistant Professor	Tenure	PhD	Johns Hopkins	Maternal and child health	Epidemiology
Doe, Jane	Professor	Tenure	DrPh, MD	Harvard	Biostatistics	Biostatistics
Edwards, Frances	Lecturer	Non-tenure	PhD	Emory	Public health informatics	Biostatistics, Global Health
Flynn, Don	Associate Professor	Tenure-Track	PhD, MD	Princeton	Epidemiology	Epidemiology
Foster, Ryan	Lecturer	Non-tenure	PhD	Emory	Public health informatics	Global Health
Gray, Cathy	Professor	Tenure	DrPh, MD	Harvard	Biostatistics	Global Health
Green, Louise	Professor	Tenure	DrPh, MD	Cornell	Community health	Epidemiology
Hall, Phil	Lecturer	Non-tenure	PhD	Howard	Health Policy and administration	Epidemiology
James, Amanda	Assistant Professor	Tenure	Phd	Johns Hopkins	Maternal and child health	Epidemiology
Johnson, Aaron	Lecturer	Non-tenure	PhD	Howard	Health Policy and administration	Global Health
Kelly, Denise	Associate Professor	Tenure-Track	PhD, MD	Johns Hopkins	Urban health	Epidemiology, Global Health
Parker, Harold	Associate Professor	Tenure-Track	PhD, MD	Princeton	Epidemiology	Epidemiology
Ramirez, Dorothy	Assistant Professor	Tenure	Phd	Yale	Environmental health	Global Health
Richardson, John	Associate Professor	Tenure-Track	PhD, MD	Johns Hopkins	Urban health	Biostatistics
Smith, Jim	Assistant Professor	Tenure	Phd	Yale	Environmental health	Biostatistics

* 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.

Provide data for the year during which the site visit takes place. If the site visit takes place in fall 2016, the template must present data for fall 2016. If the site visit takes place in spring 2017, the template must present data for spring 2017.

Schools should only include data on faculty associated with public health degree programs.

Template E1-2

Non-Primary Instructional Faculty Regularly Involved in Instruction							
Name*	Academic Rank^	Title and Current Employment	FTE or % Time Allocated	Graduate Degrees Earned	Institution(s) from which degree(s) were earned	Discipline in which degrees were earned	Concentration affiliated with in Template C2-1

* 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.

Provide data for the year during which the site visit takes place. If the site visit takes place in fall 2016, the template must present data for fall 2016. If the site visit takes place in spring 2017, the template must present data for spring 2017.

Template E1-2 EXAMPLE

Non-Primary Instructional Faculty Regularly Involved in Instruction							
Name*	Academic Rank^	Title and Current Employment	FTE or % Time Allocated	Graduate Degrees Earned	Institution(s) from which degree(s) were earned	Discipline in which degrees were earned	Concentration affiliated with in C2-1
Baker, Patrick	Adjunct Professor	Assistant Health Director, Local Health Department	0.25	DrPh, MD	Cornell	Community health	Health promotion
Edwards, Sam	Visiting Professor	Professor, Other University in town	0.1	PhD	Johns Hopkins	Maternal and child health	Health disparities
Flynn, Lee	Adjunct Professor	Executive Director, Non-profit	0.25	DrPh, MD	Harvard	Biostatistics	Biostatistics
Gable, Pat	Lecturer	Executive Director, Non-profit	0.5	PhD	Emory	Public health informatics	Biostatistics

* 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.

Provide data for the year during which the site visit takes place. If the site visit takes place in fall 2016, the template must present data for fall 2016. If the site visit takes place in spring 2017, the template must present data for spring 2017.

Template E4-1

Outcome Measures for Faculty Research and Scholarly Activities				
Outcome Measure	Target	Year 1	Year 2	Year 3

To identify the three years of data required, start with the date of your site visit (not the due date of your preliminary self-study) and use the three most recent, complete years of data.

If required data are not available when the preliminary self-study is submitted, you may leave these cells blank and provide a footnote to explain that the table will be updated later. Updates between the preliminary and final self-studies (and even between the final self-study and site visit) are typical.

Example: If your site visit takes place in fall 2016 or spring 2017, the template must present data for 2013-2014 (Year 1), 2014-2015 (Year 2) and 2015-2016 (Year 3).

SPH should focus data and descriptions on faculty associated with the public health degree programs.

Template E4-1 EXAMPLE

Outcome Measures for Faculty Research and Scholarly Activities				
Outcome Measure	Target	Year 1	Year 2	Year 3
Percent of primary faculty participating in research activities	75%	69%	58%	75%
Number of articles published in peer-reviewed journals	5	5	5	7
Presentations at professional meetings	5	3	4	7

To identify the three years of data required, start with the date of your site visit (not the due date of your preliminary self-study) and use the three most recent, complete years of data.

If required data are not available when the preliminary self-study is submitted, you may leave these cells blank and provide a footnote to explain that the table will be updated later. Updates between the preliminary and final self-studies (and even between the final self-study and site visit) are typical.

Example: If your site visit takes place in fall 2016 or spring 2017, the template must present data for 2013-2014 (Year 1), 2014-2015 (Year 2) and 2015-2016 (Year 3).

SPH should focus data and descriptions on faculty associated with the public health degree programs.

Template H4-1

Outcome Measures for Recruitment and Admissions				
Outcome Measure	Target	Year 1	Year 2	Year 3

Template H4-1 EXAMPLE

Outcome Measures for Recruitment and Admissions				
Outcome Measure	Target	Year 1	Year 2	Year 3
Percentage of newly matriculating students with previous health- or public health-related experience	80%	64%	78%	82%