Integrative Learning Experience (ILE) Proposal Form

Students are eligible to register for the ILE in the final semester of their SPH Program.

Please complete the form below and send it to your Faculty Advisor for review and signature approval.

STUDENT INFORMATION

Student First Name
Student Last Name
DHSU Email Address
SPH Department
Semester/Year of ILE

Completion of Pre-Requisite Courses: ☐ Yes ☐ No

Academic Faculty Advisor Information

Advisor First Name
Advisor Last Name
Advisor Email

ILE Competencies
Students must choose three (3) competencies altogether: two (2) Foundational Competencies (check boxes below), and one (1) Concentration Competency (fill in the box below).

Please find links to the MPH Foundational and Concentration Competencies.

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<th>Foundational Competencies</th>
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<th>Concentration Competency</th>
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Project Plan for Integrative Learning Experience
Once the competencies are chosen, the student must specify the type of deliverable and provide a brief summary of the Project Plan.

☐  Research Study. Please indicate the Public Health Significance, Hypothesis/Research Question, and Methods of the proposed study.

☐  Literature Review. Please indicate the Public Health Significance, Research Question (specifying Population, Intervention, Comparator, Outcome, Time Frame, and Setting as appropriate), and Methods (databases to be consulted, study years, key search terms, and at least two relevant articles).

☐  Policy Analysis. Please indicate the Healthcare Policy or Practice Problem, the Public Health Significance of the Problem, and Potential Policy or Practice Solutions (proposing at least two potential solutions).
Project Plan Summary (approx. 300 words):
Data Sources
The student should list the dataset to be used for a research study or identify three citations that are illustrative of articles to be engaged in the literature review or policy analysis.

☐ I affirm that this proposed ILE project does not represent duplicate work submitted elsewhere for another assignment.

Student Signature: __________________________ Date: __________________________

Faculty Advisor Signature: __________________________ Date: __________________________