Record ID

_____

Reviewer pair

_____

Name of school (ensure that this name is consistent with the name in the google sheet, if multiple schools make note at the end of the form):

_____

Graduate degree level:

○ Master's degree
○ Doctoral degree
○ Certificate program
○ Other

Program type:

○ Master of Public Health (MPH)
○ Master of Science in Public Health (MSPH)
○ Master of Science (MS)
○ Master of Health Administration (MHA)
○ Master of Health Science (MHS)
○ Doctor of Philosophy (PhD)
○ Doctor of Public Health (DrPH)
○ Certificate Program
○ Other
○ Don't know
○ Concentration
○ Master of Arts (MA)

If other, record program type:

_____

If concentration, check all programs that the concentration can apply to:

☐ Master of Public Health (MPH)
☐ Master of Science in Public Health (MSPH)
☐ Master of Science (MS)
☐ Master of Health Administration (MHA)
☐ Master of Health Science (MHS)
☐ Doctor of Philosophy (PhD)
☐ Doctor of Public Health (DrPH)
☐ Other
☐ Don't know

If other, please specify:

_____

Program name (ex. MPH in Disaster Management)

_____

If this is a certificate program, is this program offered only to degree students?

○ Yes
○ No
○ Don't know

Is this certificate designed as a continuing education program to be taken by non-matriculated students?

○ Yes
○ No
○ Don't know

Is this certificate a summer course designed for non-students?

○ Yes
○ No
○ Don't know

Does the program have online components?

○ Yes
○ No
○ Don't know

To what extent is the program online? Check all that apply:

☐ Online only
☐ Partially
☐ Don't know

Please describe what portions of the program are online (ex. courses, in residence discussion/components):

_____

Does the program site include a list of competencies or educational objectives?

○ Yes
○ No
○ Don't know

Please list these competencies:

_____

Does the program include a description that is not a list of competencies?

○ Yes
○ No
○ Don't know

Please copy and paste the program description into the text box:

_____

Does the site list coursework required for the program?

○ Yes
○ No
○ Don't know

Please include the link to the site where coursework is listed:

_____

Include the names of the courses (with the number of credits if available):

_____

Does the site include links to the course descriptions/syllabi?

○ Yes
○ No
○ Don't know

Please provide links to the course descriptions/syllabi:

_____

Is the program offered out of a specific department?

○ Yes
○ No
○ Don't know

If yes, please list the department(s):

_____

Is the program associated with a Center with research related to disasters, public health preparedness, health security, humanitarian studies, etc.?

○ Yes
○ No
○ Don't know

What is the name of the center?

_____

List the link to the Center's home page:

_____

Does the program require a practicum/applied practice experience? This includes a field placement in a practice-based organization where the student works on activities pertinent to the organization.

○ Yes
○ No
○ Don't know

Does the program require a capstone/integrated learning experience/culminating experience? This includes working with a practice-based organization to apply analytical skills developed through the student's education.

○ Yes
○ No
○ Don't know

Does the program require a thesis? This includes work on a specific research question.

○ Yes
○ No
○ Don't know

Notes about the specific program:

_____