

Applicant ID (dept use): _____

**CSULB Department of Health Science
Doctor of Public Health Degree Program
Application Form**

Full Name of the Applicant (First/given name(s) LAST/SURNAME): _____

DrPH Concentration – Please check only one:

☐ Public Health Informatics and Technology (PHIT)

☐ Global Health

☐ Health Policy and Management

1. Application Checklist (submitted to Cal State Apply for CSULB DrPH):

- ☐ Official transcripts from all institutions
- ☐ TOEFL Scores (if applicable) (Minimum score 90)
- ☐ CSU application
- ☐ Supplemental DrPH application form (this form)
- ☐ Curriculum Vitae (CV)
- ☐ 3 letters of recommendation
- ☐ Statement of Purpose and Personal History

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2. Please answer each of the following questions to confirm that you meet all of the minimum admission criteria:

a. I confirm that I meet all of the minimum application criteria for the DrPH program:

- i. Students should have an MPH or equivalent from an accredited institution *OR* Prospective students without an MPH must complete our six foundational courses PRIOR to applying OR show completion of equivalent courses.
- ii. A Minimum graduate school GPA of 3.0 or above, in work completed in highest degree completed.
- iii. A minimum of one year of field experience in the field of public health

☐ Yes

☐ No, but I would like to be considered for conditional admission

b. Do you have a Master of Public Health Degree (MPH) from an accredited program:

i. ☐ yes__ (skip to section c) ☐ no

ii. If no, what is your graduate degree (e.g. MD, MPA, MA, MS, JD etc.): _____

iii. Field of study for graduate degree: _____

iii. Do you have a second graduate degree you would like to list: ☐ yes ☐ no

1. Graduate Degree 2: _____

2. Field of Study for Graduate Degree 2: _____

iv. Please indicate your academic preparation for advanced doctoral training in public health through the completion of 6 foundation courses that meet the core requirements for Master's level public health training (only complete this question if you do NOT have an MPH from an accredited program):

1. Biostatistics: ☐ yes ☐ no

a. Course name/year: _____

2. Epidemiology: ☐ yes ☐ no

a. Course name/year: _____

3. Research Methods: ☐ yes ☐ no

a. Course name/year: _____

4. Environmental Health: ☐ yes ☐ no

a. Course name/year: _____

5. Theoretical Concepts and Issues in Public Health: ☐ yes ☐ no

a. Course name/year: _____

6. Community Analysis and Program Planning: ☐ yes ☐ no

a. Course name/year: _____

c. Please list your cumulative Graduate GPA (for your highest degree): _____

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- d. Do you have at least 1 year of full-time relevant experience in public health (internships count and 2 years of part time experience = 1 year full-time) ☐yes ☐no
- i. Total Years of relevant full-time experience: _____
- ii. Please provide the job title: _____ and employer
_____ for main employment experience used to
fulfill this requirement. Additional relevant experience used to meet or exceed
this requirement should be listed in your CV/Resume.