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 (Documents to be submitted*):

☐ Completed CalStateApply application
☐ Completed Supplemental DrPH Application Form (PDF) (this form)
☐ Official transcripts from the institution that awarded the applicant's highest degree and unofficial transcripts for all other degrees earned.
☐ Curriculum Vitae
☐ Three letters of recommendation addressing the applicant's suitability for doctoral level study and leadership abilities.
☐ A statement of purpose and personal history statement describing the applicant's background and experiences, rationale for pursuing the degree, and plan for applying the newly obtained knowledge and skills to meet the needs of underserved populations.

*Note: A personal interview may be requested by the admissions committee.

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

a. I confirm that I meet all of the admission requirements for the DrPH program:
   i. Hold an MPH or equivalent degree from an accredited institution. Applicants without an MPH must complete the six foundational courses (H SC 500, H SC 503, H SC 528, H SC 570, H SC 624, and H SC 696) or equivalent courses before beginning the program. For information about opportunities to complete these foundational courses, contact the MPH Program Coordinator.
   ii. Have a minimum grade point average (GPA) of 3.0 in the highest completed degree (e.g., most recent graduate degree).
   iii. Have at least one year of experience in Public Health.

☐Yes ☐No

b. Do you have a Master of Public Health Degree (MPH) from an accredited program:
   i. ☐yes__ (skip to section c) ☐no
   i. If no, what is your graduate degree (e.g. MD, MPA, MA, MS, JD etc.): _____
   ii. 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 the six 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 Curriculum Vitae (CV).