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): _____

Student Status – Please check only one:

☐Full time (3 classes per semester)

☐Part Time (2 classes per semester)

DrPH Concentration – Please check only one:

☐Public Health Informatics and Technology (PHIT)

☐Global Health

☐Health Policy and Management

IMPORTANT: To be considered for admission, applicants are required to submit all their application materials to the following two application portals:

1. Cal State Apply (Portal Link)
2. SOPHAS (Portal Link)

1. Application Checklist (submitted to both Cal State Apply and SOPHAS portals for CSULB DrPH):

☐ Official transcripts from all institutions
☐ Curriculum Vitae (CV) / Resume
☐ DrPH application form (this form)
☐ 3 letters of recommendation
☐ Statement of Purpose and Personal History
☐ TOEFL Scores (if applicable) (90 points is passing for International Students)

Applicant ID (dept use): _____

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 (graduate GPA of at least 3.0, MPH or equivalent graduate degree, 1 year of relevant experience): ☐Yes ☐No, but I would like to be considered for conditional admission

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

c. Do you have a Master of Public Health Degree (MPH) from an accredited program:
   i. ☐yes__ (skip to section d) ☐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 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: _____

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