
**UAB School of Public Health
Department of Epidemiology
Master Degree Programs
Student Handbook
2014 - 2015**



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INTRODUCTION

What is Public Health?

The American Heritage Dictionary defines public health as the science and practice of protecting and improving the health of a community, as by preventative medicine, health education, control of communicable diseases, application of sanitary measures, and monitoring of environmental hazards.

Public Health is a blend of sciences, skills and convictions that is focused on the preservation and improvement of the health of all people through preventive (rather than curative) measures.

What is Epidemiology?

Epidemiology is considered the basic science of public health. Epidemiology is: a) a quantitative discipline built on a working knowledge of probability, statistics, and sound research methods; b) a method of causal reasoning based on developing and testing hypotheses pertaining to occurrence and prevention of morbidity and mortality; and c) a tool for public health action to promote and protect the public's health based on science, causal reasoning, and a dose of practical common sense ¹.

The word epidemiology comes from the Greek words epi, meaning "on or upon," demos, meaning "people," and logos, meaning "the study of." Many definitions have been proposed; here are two that capture the underlying principles and the public health spirit of epidemiology:

"Epidemiology is the study of the distribution and determinants of health-related states or events in specified populations, and the application of this study to the control of health problems."²

"Epidemiology is the study of the distribution and determinants of disease frequency in man."³

These definitions of epidemiology include several terms which reflect some of the important principles of the discipline:

Study. Epidemiology is a scientific discipline and has at its foundation, sound methods of scientific inquiry.

Distribution. Epidemiology is concerned with the frequency and pattern of health events in a population. Frequency includes not only the number of such events in a population, but also the rate or risk of disease in the population.

Pattern refers to the occurrence of health-related events by time, place, and personal characteristics.

- **Time** characteristics include annual occurrence, seasonal occurrence, and daily or even hourly occurrence.

- **Place** characteristics include geographic variation, urban-rural differences, and location of work sites or schools, for example.
- **Personal** characteristics include demographic factors such as age, race, sex, marital status, and socioeconomic status, as well as behaviors (such as occupation or risk-taking activity) resulting in environmental exposures.

This characterization of the distribution of health-related states or events is one broad aspect of epidemiology called **descriptive epidemiology**. Descriptive epidemiology provides the *What, Who, When* and *Where* of health-related events.

Determinants. Epidemiology is often used to search for causes and other factors that influence the occurrence of health-related events such as diseases, syndromes, and injuries. **Analytic epidemiology** attempts to provide the *Why* and *How* of such events by comparing groups with different rates of disease occurrence and with differences in demographic characteristics, genetic or immunologic make-up, behaviors, environmental exposures, and other so-called potential risk factors. Under ideal circumstances, epidemiologic findings provide sufficient evidence to direct swift and effective public health control and prevention measures.

Health-related states or events. Originally, epidemiology was concerned with epidemics of communicable diseases. The discipline was extended to endemic communicable diseases and non-communicable infectious diseases. Modern epidemiology has been applied to chronic diseases, injuries, birth defects, maternal-child health, occupational health, and environmental health. Now, even behaviors related to health and well-being (amount of exercise, seat-belt use, etc.) are recognized as valid subjects for applying epidemiologic methods. The term "disease" refers to the range of health-related states or events.

Specified populations. Although epidemiologists and physicians in clinical practice are both concerned with disease and the control of disease, they differ greatly in how they view "the patient." **Clinicians are concerned with the health of an individual; epidemiologists are concerned with the collective health of the people in a community or other area.** When faced with a patient with diarrheal disease, for example, the clinician and the epidemiologist have different responsibilities. Although both are interested in establishing the correct diagnosis, the clinician usually focuses on treating and caring for the individual. The epidemiologist focuses on the exposure (action or source that caused the illness), the number of other persons who may have been similarly exposed, the potential for further spread in the community, and interventions to prevent additional cases or recurrences.

Application. Epidemiology is more than "the study of." As a discipline within public health, epidemiology provides data for directing public health action. To treat a patient, a clinician must call upon experience and creativity as well as scientific knowledge. Similarly, an epidemiologist uses the scientific methods of descriptive and analytic epidemiology in "diagnosing" the health of a community.

As a public health discipline, epidemiology is instilled with the spirit that epidemiologic

information should be used to promote and protect the public's health. Hence, epidemiology involves both science and public health practice. The term *applied epidemiology* is sometimes used to describe the application or practice of epidemiology to address public health issues.

Examples of applied epidemiology include the following:

- the monitoring of reports of communicable diseases in the community
- the study of whether a particular dietary component influences your risk of developing cancer
- evaluation of the effectiveness and impact of a cholesterol awareness program through quasi-experimental study design
- analysis of historical trends and current data to project future public health resource needs
- clinical trial randomizing communities into different strategies for risk reduction

Epidemiology and the information generated by epidemiologic methods have many uses which include:

Population or community health assessment. To set policy and plan programs, public health officials must assess the health of the population or community they serve and must determine whether health services are available, accessible, effective, and efficient. To do this, they must find answers to many questions: What are the actual and potential health problems in the community? Where are they? Who is at risk? Which problems are declining over time? Which ones are increasing or have the potential to increase? How do these patterns relate to the level and distribution of services available? The methods of descriptive and analytic epidemiology provide ways to answer these and other questions. With answers provided through the application of epidemiology, communities and officials can make informed decisions that will lead to improved health for the population.

Individual decisions. People may not realize that they use epidemiologic information in their daily decisions. When they decide to stop smoking, take the stairs instead of the elevator, order a salad instead of a cheeseburger, or choose one method of contraception instead of another, they may be influenced, consciously or unconsciously, by epidemiologists' assessments of risk. Since World War II, epidemiologists have provided information related to all these decisions. In the 1950's, epidemiologists documented the increased risk of lung cancer among smokers; in the 1960's and 1970's, epidemiologists noted a variety of benefits and risks associated with different methods of birth control; in the mid-1980's, epidemiologists identified the increased risk of human immunodeficiency virus (HIV) infection associated with certain sexual and drug-related behaviors; and epidemiologists continue to document the role of exercise and proper diet in reducing the risk of heart disease. Hundreds of epidemiologic findings are directly relevant to the choices that people make every day, choices that affect their health over a lifetime.

Completing the clinical picture. When studying a disease outbreak, epidemiologists

depend on clinical physicians and laboratory scientists for the proper diagnosis of individual patients. But epidemiologists also contribute to physicians' understanding of the clinical picture and natural history of disease. For example, in late 1989 three patients in New Mexico were diagnosed as having myalgia (severe muscle pains in chest or abdomen) and unexplained eosinophilia (an increase in the number of one type of white blood cell). Their physician could not identify the cause of their symptoms, or put a name to the disorder. With considerable success, epidemiologists found other cases of eosinophilia-myalgia syndrome, more fully describing the illness, its complications, and its rate of mortality. Similarly, epidemiologists have documented the course of HIV infection, from the initial exposure to the development of a wide variety of clinical syndromes that include the originally described acquired immunodeficiency syndrome (AIDS). They have also documented the numerous conditions that are associated with cigarette smoking - from pulmonary and heart disease to lung and cervical cancer.

Search for causes. Much of epidemiologic research is devoted to a search for causes, factors that influence one's risk of disease. Often the goal is to identify a cause so that appropriate public health action might be taken. While epidemiology can not necessarily *prove* a causal relationship between an exposure and a disease, it often provides enough information to support effective action. Examples include John Snow's removal of the pump handle and the withdrawal of a specific brand of tampon that was linked by epidemiologists to toxic shock syndrome in the 1970s-1980s. Just as often, epidemiology and laboratory science converge to provide the evidence needed to establish causation. For example, a team of epidemiologists was able to identify a variety of risk factors during an outbreak of pneumonia among persons attending the American Legion Convention in Philadelphia in 1976. However, the outbreak was not "solved" until the Legionnaires' bacillus was identified in the laboratory almost 6 months later.

The faculty in the Department of Epidemiology will work with you to build your knowledge base and technical skills in the field of epidemiology. While the topic areas that we work in are diverse (e.g., cancer, occupational, infectious, heart, genetic, environmental, dental, injury, children and women's health), we share a common methodology in the field of epidemiology.

References:

1. Cates WJ. Epidemiology: Applying principles to clinical practice. *Contemp Ob/Gyn* 1982; 20:147-161.
2. Last JM, ed. *Dictionary of Epidemiology*, Third edition. New York: Oxford U. Press, 1995:55.
3. MacMahon B., Pugh TF. *Epidemiology: principles and methods*. Boston: Little Brown and Company, 1970:1.

NOTE: This section has been abstracted and modified from *Principles of Epidemiology*, Second edition the Centers for Disease Control and Prevention Self-Study Course 3030-G.

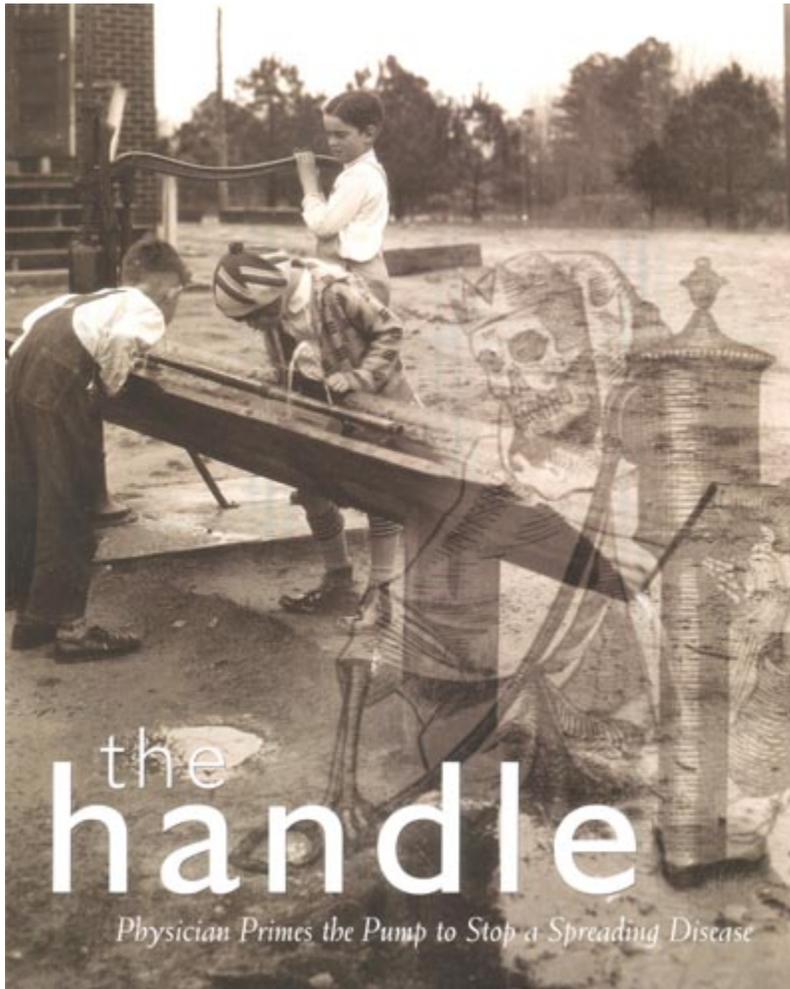
Source: The Handle (the magazine of the University of Alabama School of Public Health), Fall 2002, pp. 4-5.

THE PUZZLE WAS A MADDENING ONE.

Pressure on public officials was intense, at times hysterical. The clock was ticking, and people were dying by the dozens.

The year was 1854; the scene was the Soho District of west London. During the stifling beat of August, there had been a handful of deaths from the dreaded disease cholera. Not unusual, in itself. But on August 31, the situation exploded: In a single evening, within a radius of only blocks, doctors reported 56 new cholera cases. By the next evening there were 143, and the death toll had reached 70 and was climbing. Residents started fleeing the district in panic. Medical authorities

debated around the clock but couldn't settle on a plan of action.



STUDYING THE SPREAD OF A SCOURGE

Among those not consulted on the subject was a 41-year-old physician named John Snow. Though well-regarded as an anesthesiologist, Snow was something of a maverick because of his unconventional ideas. At medical conferences in 1849, and again in 1853, Snow-balding, with an unassuming manner and an Abe Lincoln-style beard-had delivered impassioned papers arguing that several diseases (cholera among them) that were thought to be spread via the air were in fact transmitted through drinking water. His presentations were politely ignored by the establishment.

But the 1854 cholera emergency seemed to bear out

his waterborne theory: The initial deaths were all within walking distance of a popular water hand-pump at the intersection of Cambridge and Broad. On his own, Snow inspected the pump but found the contamination to be negligible-unconvincing evidence for such a virulent epidemic.

Next, he went to the Register of Deaths and made a detailed list of the past two days' cholera fatalities. But his heart sank as the specifics of the deaths seemed to shoot more holes in his theory. None of the workers at a large brewery adjacent to the pump had contracted cholera, and a nearby workhouse with more than 500 inmates had reported

only five deaths. What's more, fatalities had now been reported several miles away, in the rural villages of Hampstead and Islington.

The death toll reached 127. New cases leveled off but only, officials realized, because the area was by now nearly deserted-except for victims and their families.

DISEASE DETECTIVE DELIVERS ANSWER

Snow redoubled his efforts, going from building to building, house to house, asking questions of the people who remained. Finally, one piece of the puzzle fit: He discovered that the workhouse that had largely escaped the epidemic had its own private well. Then, another piece fell into place-at the unaffected brewery, the workers told Snow that they were afraid of the public water supply, so they drank only beer.

With a growing sense of excitement and purpose, Snow rode to the outlying homes where the two most recent cholera deaths had occurred. At the house in Hampstead, a surviving relative told him that the lady who died there had a large bottle of water carted to her house every day from the Broad Street pump, because she preferred its taste above all others. Her visiting niece, Snow was told, also drank the Broad Street water and later died at her own home.

The writing pen in Snow's hand poises over his notebook. And her niece lived ... where?

"Islington," came the reply.

Snow methodically sketched his findings into a rough statistical map of the area. He presented the map-which today resides in a British museum-and his report to the Board of Guardians of St. James Parish. They were finally convinced, and they disabled the infamous pump by removing its handle. Immediately, new cases of cholera started to dwindle, and then disappeared.

A detailed investigation of the pump determined that, more than 20 feet underground, a sewer pipe passed within a few feet of the well. The raw sewage was gradually seeping through the dirt barrier into the drinking water.

Scattered witnesses came forward to report a "bad smell" near the pump just before the outbreak began.

FATHER OF A NEW FRONTIER

Snow, the establishment outsider, had, as one historian writes, "used meticulously gathered data and the power of statistics to bring about the beginning of the end for cholera in Britain." Today, while John Snow is a hero among modern epidemiologists, his name is little known to those outside the field.

For additional information regarding John Snow please view the website maintained by the UCLA School of Public Health Department of Epidemiology

<http://www.ph.ucla.edu/epi/snow.html> .

GOALS OF THE EPIDEMIOLOGY PROGRAM

A major goal of the Epidemiology Program is to provide all students in the School of Public Health with an educational experience in epidemiology that is suited to their career objectives. A second major goal is to carry out research that contributes to the understanding of the causes of major diseases and the methods for their control. A third goal is to provide service to the state and region in joint efforts to study, prevent, and control disease and injury.

EPIDEMIOLOGY PROGRAM OBJECTIVES

Graduates with a Masters degree (MPH or MSPH) in epidemiology are expected:

1. To be able to describe the epidemiology of the most important diseases, injuries and causes of death in the U.S.
2. To understand the principles of epidemiological study design and analysis.
3. To recognize the circumstances in which specific designs are appropriate for an investigation, and to identify strategies to minimize and prevent bias in studies.
4. To design data collection, entry and management procedures for epidemiological studies.
5. To compute common epidemiological measures of disease occurrence and association, and to perform hypothesis testing and interval estimation on those measures.
6. To understand published reports of epidemiological studies and to critically evaluate the data presented.
7. To propose a methodologically sound study design for the evaluation of a new hypothesis. (MSPH program)
8. To manage one or more components of a research project, including form design, database design and management, statistical analysis and report writing. (MSPH program)

FALL 2014 NEW MPH STUDENT NOTICE

Core Sequence Requirement

All students enrolled in the MPH degree program will be required to complete the Core Classes during the first Fall and Spring terms. These classes consist of Fall Term 2014: HCO 600, BST 611, EPI 626, and EPI 610; Spring Term 2015: ENH 600, BST 612, HB 600, and EPI 625. Students must also complete a graduate level Writing and Reviewing Research course (PUH 690 or GRD 727) during the first year of enrollment (Fall 2014, Spring 2015, or Summer 2015). EPI 627 is required to be completed during the Fall 2015 term. **Please be reminded that once enrolled, the student is required to complete this sequence of courses to be allowed to remain active in the MPH academic program within the Department of Epidemiology.**

Masters Programs (2014 – 2015)

MPH-Epidemiology Program

The MPH degree consists of a 42 credit hour minimum. The curriculum includes the MPH Core (23 credit hours), School of Public Health Requirements (3-6 credit hours), EPI Methods Track Requirements (5 credit hours), Internship requirement (3 credit hours), required Chronic Diseases or Infectious Diseases elective (4 credit hours) and at least 4 or more credit hours of approved electives,

Students who have professional degrees, usually assume faculty or research positions in academia or management positions in government or industry. For students without a prior doctoral degree (i.e., students with a general undergraduate degree) or relevant health-related work experience, they usually assume mid-level positions in academia, industry, government, or practice based public health organizations. The typical length of time required for full-time students to complete the 42 hour program is 4 to 5 semesters, or 12 to 18 months.

Each student is required to meet with his/her Epidemiology academic advisor or the Program Manager at least once each semester regarding enrollment in appropriate courses. Students must receive approval by their faculty advisor prior to registration each semester. After the advisor has approved the student's courses, the Program Manager will issue the student a "**Registration Access Code or RAC#**" so that he/she may register for classes during the current semester. A new RAC# is issued to the student for each registration term. This process will facilitate timely completion of the degree programs and ensure the educational goals of the student are fully met. Course selection is ultimately the responsibility of the student.

Curriculum planning sheets follow for each degree. As you complete the necessary coursework, please update your curriculum planning sheet in order to keep track of your progress and graduate in a timely manner.

CURRICULUM PLANNING SHEET						
MPH in Epidemiology: Accelerated Graduation Plan Fall 2014						
Minimum Total Credit Hours Required for Degree 42						
Student Name:			Advisor:			
Student Number:						
All MPH Core Requirements MUST be taken in the first two semesters of enrollment except for PUH 695: Integrative Experience, which MUST be taken in the last semester of enrollment.						
Course Name	Offered			Credit Hours	Term /Year Taken	Grade
	Fall	Spr	Sum			
MPH Core Requirements (23 Hours)						
HCO 600: Introduction to PH Systems and Programs	X			3		
BST 611: Intermediate Statistical Analysis I	X	X		3		
BST 612: Intermediate Statistical Analysis II		X	X	3		
ENH 600: Fundamentals of Environmental Health		X		3		
EPI 610: Principles of Epidemiologic Research	X			4		
EPI 625: Quantitative Methods in Epidemiology		X		3		
HB 600: Social & Behavioral Sciences Core		X		3		
PUH 695: Integrative Experience	X	X		1	LAST	
SOPH Requirements (3-6 Hours)						
PUH 690: Writing and Reviewing Research (other GRD courses may be required based on Writing Assessment Exam)	X	X	X	3-6		
Epidemiology Methods Track Requirements (5 Hours)						
EPI 626: Introduction to Data Analysis with SAS	X			2		
EPI 627: Data Analysis & Presentation of Epidemiologic Studies	X			3		
Internship Requirement (3 Hours)						
EPI 697: Internship	X	X	X	3	LATE	
Required EPI Elective (4 hours) - Choose from the following 2 courses.						
EPI 602: Epidemiology of Chronic Diseases	X			4		
EPI 605: Epidemiology of Infectious Diseases		X		4		
Electives (4 hours)- (with advisor's approval and in some cases, also approval of instructor) - to complete total hours required for the degree.						
EPI 603: Injury-Epidemiologic Principles		X		3		
EPI 607: Fundamentals of Clinical Research		X		3		
EPI 609: Pharmacoepidemiology & Comp. Effec. Research	X			3		
EPI 614: Epidemiologic Methods Applied to Comparative Effectiveness Research		X		2		
EPI 616: Environmental Epidemiology			X	3		
EPI 618: Fieldwork in Public Health±			X	2		
EPI 621: HIV/AIDS and STD'S	X			3		
EPI 635: Genetics in Public Health †		X		2		
EPI 695: Epidemiology Seminar	X	X		1		
EPI 698: Masters Level Directed Research	X	X	X	1-9		
BST 613: Intermediate Statistical Analysis III	X			3		
BST 619: Data Collection and Management (offered every other year)		X		3		
BST 626: Data Management with SAS	X			3		
Minimum Total Credit Hours for Degree				42		42
Student Signature/Date			Advisor Signature/Date			
Course Availability Key:						
† Indicates course taught every even calendar year						
≠ Indicates course taught every odd calendar year						
± Indicates course may or may not be taught (check with the program manager for course availability)						

MSPH in Applied Epidemiology (MSPH-EPAP)

Overview: The *MSPH* in Applied Epidemiology is an academic degree designed for students who wish to receive education and training in epidemiologic applied research methods. Completion of the required core classes (22 credit hours, including 9 hours of independent research), Applied Epidemiology Track requirements (11 hours), required Chronic Diseases or Infectious Diseases elective course (4 hours), and Track-Specific Relevant Electives (5 hours).

Completion of didactic course work, a research project and final thesis defense are required. This degree can be completed in four semesters, or in one calendar year (from Fall to Fall).

Course Requirements: A total of 42 credit hours must be earned to receive the *MSPH* in Applied Epidemiology degree. At least 9 credit hours must be research credits. Prior to, or at the time of matriculation, the student and advisor must agree on the courses the student will take to fulfill these requirements.

CURRICULUM PLANNING SHEET						
MSPH in Applied Epidemiology Fall 2014						
Minimum Total Credit Hours Required for Degree - 42						
Student Name:			Advisor:			
Student Number:						
Students receiving a MSPH are required to complete a 37 hour, self-paced online course entitled "Overview of Public Health" by the end of their second semester. Students with prior public health education (coursework in each of the public health core disciplines) or experience (5 years in public health) may be waived from this requirement by permission of the Associate Dean.						
Course Name	Term Course Available			Credit Hours	Term /Year Taken	Grade
	Fall	Spr	Sum			
MSPH Core Requirement (22 hrs)						22
BST 611: Intermediate Statistical Analysis I	X	X		3		
BST 612: Intermediate Statistical Analysis II		X	X	3		
EPI 610: Principles of Epidemiologic Research	X			4		
EPI 625: Quantitative Methods in Epidemiology		X		3		
Masters Level Research Requirement - Minimum of 9 hours						
EPI 699: Masters Level Project Research	X	X	X	3		
EPI 699: Masters Level Project Research	X	X	X	3		
EPI 699: Masters Level Project Research	X	X	X	3		
Applied EPI Track Requirements (11 hours)						11
EPI 626: Introduction to Data Analysis with SAS	X			2		
EPI 627: Data Analysis and Presentation of Epidemiologic Studies	X			3		
BST 625: Design and Conduct of Clinical Trials			X	3		
BST Advanced Elective (Suggested options: BST 655, BST 665, etc...)				3		
Required EPI Elective (4 hours): Choose from the following 2 courses.						4
EPI 602: Epidemiology of Chronic Diseases	X			4		
EPI 605: Epidemiology of Infectious Diseases		X		4		
Track-Specific Relevant Electives (5 hours): Specific, desirable courses have been identified for each track. Students should consult their advisor and select from among these courses those most relevant to their needs and interests.						5
EPI 603: Injury-Epidemiologic Principles		X		3		
EPI 607: Fundamentals of Clinical Research		X		3		
EPI 609: Pharmacoepidemiology & Comp. Effec. Research	X			3		
EPI 614: Epidemiologic Methods Applied to Comparative Effectiveness Research		X		2		
EPI 616: Environmental Epidemiology			X	3		
EPI 618: Fieldwork in Public Health			X	2		
EPI 621: HIV/AIDS and STD'S	X			3		
EPI 635: Genetics in Public Health †		X		2		
EPI 695: Epidemiology Seminar	X	X		1		
EPI 698: Masters Level Directed Research	X	X	X	1-9		
BST 613: Intermediate Statistical Analysis III	X			3		
BST 619: Data Collection and Management (offered every other year)		X		3		
Total Credit Hours Required				42		42
Student Signature/Date			Advisor Signature/Date			
Course Availability Key:						
† Indicates course taught every even calendar year						

MSPH in Pharmacoepidemiology and Comparative Effectiveness Research (MSPH-PCER)

Overview: The MSPH in Pharmacoepidemiology and Comparative Effectiveness Research degree is designed for students who wish to receive education and training in Epidemiology methods important to the fields of Pharmacoepidemiology and Comparative Effectiveness Research. Completion of the required core classes (22 credit hours including 9 hours of independent research), Pharmacoepidemiology Track Requirements (10 hours), required Chronic Diseases or Infectious Diseases elective course (4 hours), and Track-Specific Relevant electives (7 hours). A total of 43 credit hours must be earned for the MSPH in Pharmacoepidemiology degree.

Completion of didactic course work, a research project and final thesis defense (i.e., a publishable thesis paper and final presentation) are also required. The degree can be completed in as little as 4 semesters, or in one calendar year (from Fall to Fall).

CURRICULUM PLANNING SHEET							
MSPH in Pharmacoepidemiology & Comparative Effectiveness Research Fall 2014							
Minimum Total Credit Hours Required for Degree - 43							
Student Name:				Advisor:			
Student Number:							
Students receiving a MSPH are required to complete a 37 hour, self-paced online course entitled "Overview of Public Health" by the end of their second semester. Students with prior public health education (coursework in each of the public health core disciplines) or experience (5 years in public health) may be waived from this requirement by permission of the Associate Dean.							
Course Name	Term Course Available			Credit Hours	Term /Year Taken	Grade	
	Fall	Spr	Sum				
MSPH Core Requirement (22 hrs)							
BST 611: Intermediate Statistical Analysis I	X	X		3			22
BST 612: Intermediate Statistical Analysis II		X	X	3			
EPI 610: Principles of Epidemiologic Research	X			4			
EPI 625: Quantitative Methods in Epidemiology		X		3			
Masters Level Research Requirements - Minimum of 9 hours							
EPI 699: Masters Level Project Research	X	X	X	3			
EPI 699: Masters Level Project Research	X	X	X	3			
EPI 699: Masters Level Project Research	X	X	X	3			
PCER Track Requirements (10 hours)							
EPI 626: Introduction to Data Analysis with SAS	X			2			10
EPI 609: Pharmacoepidemiology & Comparative Effectiveness Research	X			3			
EPI 614: Epidemiologic Methods Applied to Comparative Effectiveness Research		X		2			
GRD 717: Principles of Scientific Integrity	X	X		3			
Required EPI Elective (4 hours): Choose from the following 2 courses.							
EPI 602: Epidemiology of Chronic Diseases	X			4			4
EPI 605: Epidemiology of Infectious Diseases		X		4			
Track-Specific Relevant Electives (7 hours): Students should consult their advisor to identify courses relevant to their needs and interests.							
EPI 603: Injury-Epidemiologic Principles		X		3			
EPI 607: Fundamentals of Clinical Research		X		3			
EPI 616: Environmental Epidemiology			X	3			
EPI 618: Fieldwork in Public Health			X	2			
EPI 621: HIV/AIDS and STD'S	X			3			
EPI 635: Genetics in Public Health †		X		2			
EPI 695: Epidemiology Seminar	X	X		1			
EPI 698: Masters Level Directed Research	X	X	X	1-9			
BST 613: Intermediate Statistical Analysis III	X			3			
BST 619: Data Collection and Management (offered every other year)		X		3			
BST 625: Design and Conduct of Clinical Trials			X	3			
BST 626: Data Management with SAS	X			3			
Total Credit Hours Required				43			43
Student Signature/Date				Advisor Signature/Date			
Course Availability Key:							
† Indicates course taught <u>every even calendar year</u>							

MSPH in Clinical and Translational Science (MSPH-CTE)

There is a growing interest in medical schools in developing the clinical research skills of faculty members and fellows. This interest has been fueled by increased support from the NIH to prepare such individuals to meet the demand for clinical investigators in the field. The UAB Schools of Medicine and Public Health have combined efforts to create a training program for young faculty members and fellows from a variety of disciplines.

This program is a post-medical degree training program, aimed primarily at fellows and faculty members interested in developing skills required for clinical research. It is anticipated that this academic training will supplement extensive training in the content area in which the student is trained, and senior mentoring in the politics and policies of project development and management. A graduate of this program will have the academic training to develop and lead independent research programs and projects.

The program consists of a core set of courses common to all students, plus selective and elective courses that reflect the academic focus of the student. Graduates will be able to do the following upon completion of the program:

- design, conduct, and evaluate clinical research studies;
- understand issues of data collection and study management;
- follow appropriate policies and procedures relating to the utilization of human subjects in clinical research;
- demonstrate an understanding of the ethics of research on human subjects;
- prepare competitive applications for extramural research funding;
- prepare manuscripts for publication in the scientific literature; and
- critically evaluate published research

Curriculum: The MSPH in Clinical Research consists of 42 semester hours. Of these, 22 hours consist of the Core Requirements, including 9 hours of Directed Research. Students also complete 8 hours of requirements within the Clinical Research Track. Students then select from either the Chronic Diseases or Infectious Diseases required elective (4 hours), and finally complete 8 hours of track specific relevant electives. These electives are based on course relevance and specific interest of the student. **Note: The student should consult their advisor for approval of these 9 hours of electives.** The MSPH requires a research project, thesis and final defense during the graduation term.

NOTE: MSPH-CR Core Class Requirement – Irregular Course EPI 680

EPI 680 is a two credit hour class in which students attend and participate in lectures provided through the K30 Clinical Studies program at the School of Medicine beginning each January. You will begin attendance in January (following your Fall admission), and continue attending lecture sessions through June; however, **do not register for EPI 680 until the Summer semester. Grades will be issued at the end of the Summer semester.**

CURRICULUM PLANNING SHEET						
MSPH in Clinical & Translational Science Fall 2014						
Minimum Credit Hours Required for Degree - 42						
STUDENT NAME:			ADVISOR:			
STUDENT NUMBER:						
Students receiving a MSPH are required to complete a 37 hour, self-paced online course entitled "Overview of Public Health" by the end of their second semester. Students with prior public health education (coursework in each of the public health core disciplines) or experience (5 years in public health) may be waived from this requirement by permission of the Associate Dean.						
Course Name	Term Course			Credit Hours	Term/Year	Grade
	Fall	Spr	Sum			
MSPH-CR Core Requirements (22 hours)						
BST 611: Intermediate Statistical Analysis I	X	X		3		
BST 612: Intermediate Statistical Analysis II		X	X	3		
EPI 610: Principles of Epidemiologic Research	X			4		
EPI 625: Quantitative Methods in Epidemiology		X		3		
Masters Level Research - minimum 9 hours						
EPI 698: Masters Directed Research	X	X	X	3		
EPI 698: Masters Directed Research	X	X	X	3		
EPI 698: Masters Directed Research	X	X	X	3		
Clinical Research Track Requirements (8 hours)						
EPI 607: Fundamentals of Clinical Research		X		3		
BST 625: Design and Conduct of Clinical Trials			X	3		
EPI 680: Topics in Clinical Research			X	2		
GRD 717: Principles of Scientific Integrity	X	X		3		
Required EPI Elective (4 hours): Choose from the following 2 courses.						
EPI 602: Epidemiology of Chronic Diseases	X			4		
EPI 605: Epidemiology of Infectious Diseases		X		4		
Track-Specific Relevant Electives (8 hours): Students should consult their advisor to identify courses relevant to their needs and interests.						
EPI 603: Injury-Epidemiologic Principles		X		3		
EPI 609: Pharmacoepidemiology & Comp. Effec. Research	X			3		
EPI 614: Epidemiologic Methods Applied to Comparative Effectiveness Research		X		2		
EPI 616: Environmental Epidemiology			X	3		
EPI 618: Fieldwork in Public Health			X	2		
EPI 621: HIV/AIDS and STD'S	X			3		
EPI 635: Genetics in Public Health (offered every even year)		X		2		
EPI 695: Epidemiology Seminar	X	X		1		
EPI 698: Masters Level Directed Research	X	X	X	1-9		
BST 613: Intermediate Statistical Analysis III	X			3		
BST 619: Data Collection and Management (offered every other year)		X		3		
BST 626: Data Management with SAS	X			3		
Minimum Credit Hours Required for Degree				42		
						42
Student Signature/Date			Advisor Signature/Date			
<p>Curriculum: The MSPH in Clinical and Translational Science consists of 42 semester hours. Of these, 26 hours are required, including 9 hours of specific Biostatistics courses and 8 hours of specific Epidemiology courses. The MSPH requires a research project; students must complete a minimum of 9 hours of masters research credits. Students then complete 8 hours of Clinical Research track requirements, and 8 hours of approved elective credits.</p> <p>EPI 680: Topics in Clinical Research is a 2 credit hour class in which students attend and participate in lectures provided through the the UAB Center for Clinical and Translational Science at the UAB School of Medicine beginning each spring term (January) following fall admission and extending into the summer term (June). However, do not register for EPI 680 until the summer semester. The grading is on a Pass/No Pass basis. To earn a grade of Pass, students must attend a minimum of 80% of the lectures over two semesters and participate in all discussions during which they are present. Please contact the EPI Program Manager for the course syllabus and course schedule.</p>						

MSPH Thesis Project Timeline/Outline – For ALL MSPH Degree Programs in Epidemiology

Step 1: By the end of the first Fall term of enrollment the student should have identified a specific thesis project in consultation with their academic advisor. This project may be originated by the student or by the advisor.

Step 2: By the end of the first Spring term the student should have a short (approximately 5-page) document describing the background, objectives and methodology of the proposed research topic. This document should be developed and refined with input and guidance from the student's academic advisor during the first Spring semester.

Step 3: Prior to the beginning of the second Fall term of enrollment, the student should have identified his/her Thesis Project Committee Members. The research committee should be made up of at least **three members**. The primary advisor and another faculty member from the Department will be the first two members. The third member may be any member of UAB's academic community who has agreed to advise and help mentor the student. Additional members having special expertise may serve at the student's and advisor's discretion. Once the committee members have been selected, the student should submit the **Masters Project Committee Form** to the Program Manager (this form should be typed or written in clear legible print). The Program Manager will process the request form on to the SOPH Academic Affairs Office.

Step 4: The short document prepared during the Spring term will be shared with the committee members who may provide input such that refinements and revisions of the study design are required. It may be necessary to convene a meeting of the committee in order to come to a mutual agreement regarding the objectives and methodology of the proposed project.

Step 5: Graduation and Final Project Presentation: In the last term of enrollment (graduation term), the student should formally present his/her Final Thesis Project and Presentation by the deadline date set by the UAB Graduate School. For specific deadline dates regarding the final presentation, please contact the Program Manager. The student is responsible for contacting ALL committee members to schedule the date, time, and conference room location for his/her final presentation. Please contact the SOPH Dean's office via email at soph@uab.edu or 934-4993 to reserve a conference room with a computer for your final project. At least 10 days before the Final Thesis presentation is scheduled, the student will need to email his/her thesis project title, day, time, and room location of the final presentation to the Program Manager to be sent out as a public announcement. On the day of the Final Thesis Project, the student should make a formal presentation of his/her research findings to the committee (with at least two members present). There is no formal oral examination, but those in attendance are free to engage the student in a question-and-answer session following the presentation. At the conclusion of the final presentation, the student is required to submit the **EPI Masters Project Thesis Approval Form** to his/her Committee Members for signature. Please request this form from the Program Manager at least five days before your scheduled Final Research Project and Presentation. The student must also submit to the advisor an advanced or final draft of a publishable scientific manuscript for which the student is to be first or second author; or a scientific or technical report (as for industry) of high quality, for which the student deserves substantial credit.

Step 6: After the committee members have signed the Masters Thesis Project Approval Form, the student should forward the original signed copy of the Thesis Approval Form to the Program Manager along with an electronic copy of the final thesis paper and presentation to be kept on file.

What is IRB?

IRB is an acronym for Institutional Review Board for Human Use. UAB has two IRBs. Together, they review all research conducted at UAB or by UAB faculty, staff and students research procedures that involves human subjects.

The IRB also has jurisdiction over research involving UAB data on human subjects. The IRB can approve, require modifications in, or disapprove all research activities that fall within its jurisdiction.

The aim of the IRB review is to ensure that research involving human participants is conducted in an ethical manner. This includes ensuring that risks to participants are minimized, the selection of participants is equitable, and participants are informed fully of what their participation will entail and of the potential risks and benefits

Who must obtain advance approval if humans are proposed as subjects of research?

Faculty, staff, postdoctoral fellows, and students (undergraduate or graduate) must obtain IRB approval before involving humans (or data collected about or from humans) as subjects of research. If you are unsure whether your research needs approval, contact the IRB for clarification. If you are a student, your advisor may have obtained IRB approval for the study that you are conducting. If you think that this is the case, it is important to verify it before you start.

What is a human subject?

Human subject means a living individual about whom an investigator (whether professional or student) conducting research obtains (1) Data through intervention or interaction with the individual, or (2) Identifiable private information.

UAB has defined a human subject as not only a living human being, but also human tissue, blood samples, pathology or diagnostic specimens, study of medical records, observation of public behavior, and all questionnaires.

Do I need IRB approval to interview people or observe their behavior?

Yes. There's a good chance such research may qualify for "exempt" or "expedited" review, but only the IRB can make that decision. Detailed information about these categories of review can be found in the application forms for the Exemption Review and Expedited Review as well as the Investigator's Guidebook. All IRB forms and the Investigator's Guidebook can be found at the following UAB Research link:

<http://www.uab.edu/research/administration/offices/IRB/guidebook/Pages/default.aspx>.

Internship Policy

POLICY SUMMARY

The MPH is a professional degree that prepares individuals to develop basic public health skills. The Council on Education for Public Health (CEPH), our accrediting agency, requires that each MPH student be able to demonstrate the application of these concepts through an internship experience that is relevant to his or her area of specialization. This experience must be appropriately planned, supervised, and evaluated. Students should have completed the core classes before registering for an internship, so that usually means internships are performed in the summer of the first year at the earliest. Some programs vary from this general policy. To be sure about when you are eligible to register for your internship, check with your department's program coordinator. All internships are graded on a Pass/No Pass basis.

GRADING POLICY

A final grade will be awarded by the faculty internship advisor and based upon the internship supervisor's evaluation and the student's final product. All internships are graded on a Pass/No Pass basis.

ATTENDING THE INTERNSHIP POSTER SESSION

At the end of the internship, prior to the end of exams for that semester, a poster session will be held to showcase the internships completed during that semester. You will receive additional instructions on creating your poster prior to the event. Attendance is mandatory, as it is a required component to the internship experience. Failure to attend without permission from the Internship Coordinator will result in a No Pass grade for the internship course. Limited exceptions will be made for students completed internships out of the state or country, that are completing the MPH program online, or cannot attend due to medical reasons. Students who are unable to present during the poster session must request for an alternate presentation option by completing the request form below. This form should be turned in to the internship coordinator, Emily Tubergen, ejt3@uab.edu or RPHB130, no later than 2 weeks prior to the internship poster session.

Internship Requirements

1. All MPH degree candidates in the UAB School of Public Health are required to complete a minimum of three credit hours (on average 20 hours per week for 12 weeks) in an internship experience. Individual departments or programs may require more than the school minimum; check with your department's program coordinator to be sure.
2. The identification of a faculty internship advisor, internship site and all other appropriate arrangements (including completion and submissions of forms, required approvals, etc.) outlined in the Procedures are the responsibility of the student.
3. Upon completion of the internship, the student will provide the required documents and agreed-upon final product(s) to the appropriate designee.

Internship Procedures

PRIOR TO THE START OF THE INTERNSHIP - REQUIRED DOCUMENTS

The student is responsible for the completion and submission of the "**UAB School of Public Health Internship Agreement**" forms electronically through our InternTrack database located online via the SOPH website. This is an electronically signed agreement between the student, supervisor, and faculty internship advisor and is to be submitted electronically via the SOPH InternTrack database. This form documents each person's responsibilities and expectations, including a description of the learning objectives of the placement, the activities to be performed by the student, and the anticipated final products. The following final products are required for all MPH students completing their internship: Evaluations (Student and Site Supervisor), 5-page minimum paper on the internship experience, and a poster presentation. More information on the final products can be found in the syllabus for the internship course located on the SOPH Internship website. The final products should be submitted electronically in the Interntrack database by the day of the internship poster session. Given the nature of public health practice, it is possible that the student may be analyzing, interpreting and perhaps even contributing to the collection of data. If there is any question as to whether an internship will require IRB approval, it is the student's responsibility to submit an application to the IRB. Please be advised that the IRB approval process might significantly extend the time needed to prepare for an internship; therefore, discuss the scope of your internship with your advisor so that no IRB infractions occur.

REGISTRATION

Prior to registration, students should consult with their academic advisors to determine optimal times for completing their internships. All 240 hours required by the internship should be completed in one semester. Students must access the SOPH InternTrack electronic database system in order to register an internship or have an internship approved. Each department will have an individual course reference number (CRN) for the internship experience. Check the Epidemiology CRN in Blazernet for EPI 697 or check with your department program coordinator for the correct course reference number.

In order to register for the internship course, students must have completed all public health core coursework. Usually, this means that students must wait until their 3rd semester to complete the internship. Students must complete a minimum of 240 contact hours with the organization during the semester in which they register for the internship. Students cannot start the internship prior to the first day of classes, and must have all hours in by the last day of class for that semester. Learning objectives for the internship must be set based on the MPH School-wide and departmental competencies relevant to the student's course of study. As a practice-based experience, the student should also have opportunities to engage with other professionals and participate in activities that will advance their public health career potential.

The following documents are required as part of the planning and evaluation of the internship:

- Internship Description and Agreement (Filled out by the student; signed by the student, faculty advisor, & site supervisor)

- Student Midpoint Meeting Form (and confirmation of meeting from faculty advisor & site supervisor)
- Final Student Evaluation of the Internship Experience
- Student's Final Paper
- Student's Final Internship Poster and attendance at internship poster session
- Site Supervisor Midpoint and Final Evaluations of the student intern

NOTE TO INTERNATIONAL STUDENTS: According to university policy, international students must complete an additional form for the International Scholar and Student Services office in the Hill University Center before beginning their internship.

AT THE CONCLUSION OF THE INTERNSHIP

Both the student and the internship supervisor will complete an electronic evaluation and submit it using the InternTrack database online during the last week of the semester. In addition, the student should also create his/her internship poster and attend the scheduled poster session. Finally, the student should electronically upload their final paper in the InternTrack system.

CHECKLIST

- Identify, choose, and consult with a faculty internship advisor
- Identify an approved internship site
- Complete and submit “UAB School of Public Health Internship Agreement” in the InternTrack system.
- If necessary, complete and submit IRB Approval Form
- If international student, complete and submit appropriate form to the International Scholar and Student Services Office
- Register for the appropriate course and number of hours
- Check in with faculty internship advisor during internship
- Submit evaluation forms and final product(s) last week of semester

INTERNSHIP INFORMATION AND SYLLABUS LINK:

<https://www.soph.uab.edu/files/internship/EPCApprovedInternshipSyllabus2012.pdf>

Curricular Practical Training (CPT) for International Students

The Department of Epidemiology may allow International students to participate in CPT in conjunction with the required Internship course hours. Under the circumstances that the student has a second job during the same time he/she has scheduled an internship and he/she would like to receive CPT credits by the International Scholar and Student Services Office (ISSS), the student will be required to register for EPI 698 for academic credits with their advisor to participate in CPT. However, the student will be held responsible for initiating documentation of the objectives, goals, and final product with the supervisor of the second job (if the second job is NOT in the SOPH or EPI Department) before he/she will be given the grade for EPI 698.



Peace Corps' Masters International Program

Overview

The University of Alabama at Birmingham (UAB) School of Public Health offers a Master of Public Health (M.P.H.) degree in cooperation with the Peace Corps' Masters International Program. UAB establishes and monitors academic requirements, and the Peace Corps places MI students overseas as Volunteers. Students apply to both the Peace Corps and UAB School of Public Health and must be accepted by both. MI students complete all coursework before starting a Peace Corps assignment overseas. Assignments are developed by Peace Corps in-country staff at the request of host countries. Upon completion, the in-country assignment will count as your internship. MI students graduate with a unique combination of an advanced degree and two years of substantive professional experience in an international setting.

Volunteer Assignments

Becoming a Master's International (MI) student requires a combination of focus, flexibility, and dedication. As an MI Student, you will spend one to two academic years on campus completing your coursework. Upon receiving your overseas assignment and traveling to your host country, you will serve for twenty-seven months, three of which will be the language, cross-cultural, and technical training period. After completing training you will receive your Peace Corps assignment. Peace Corps assignments are strategically developed by in-country staff based upon the needs and requests of the country.

All Peace Corps volunteers receive approximately three months of in-country training (in language, technical, and cross-cultural skills) before starting their two-year assignments in a developing country. Health-related assignments may include health education (such as training local teachers about nutrition and hygiene), community mobilization (for example, organizing communities to construct latrines), or other activities such as needs assessment or program monitoring and evaluation.

During Peace Corps service, volunteers participating in the MI program work toward a thesis, professional paper, or other culminating project, under the direction of their academic advisor and with the approval of Peace Corps overseas staff. Participating faculty recognize that while overseas, an MI student's primary responsibility is his or her Volunteer duties. Rather than determining a research topic in advance, MI students allow their Volunteer assignment to shape their overseas academic requirement.

MI students understand that the Peace Corps provides a unique opportunity to apply what they learn on campus to benefit a host country community. Like all Volunteers, MI students seek ways to creatively apply their knowledge and skills to the assignment in which they are placed.

The Peace Corps works in countries from Asia to Central America, and from Europe to Africa. In each of these countries, Volunteers work with governments, schools, and entrepreneurs to address changing and complex needs in education, health and HIV/AIDS, business, information technology, agriculture, and the environment.

Volunteers work and live within communities both large and small, and rural and urban. They speak the local language, whether that is French, Spanish, Romanian or Hausa. Most importantly, Peace Corps Volunteers discover the richness of another culture the best way possible: by living it.

One of the most serious worldwide threats to public health and development is the spread of HIV/AIDS. Volunteers in HIV/AIDS education and prevention train youth as peer educators, collaborate with religious leaders to develop appropriate education strategies, provide support to children orphaned by HIV/AIDS, and develop programs that provide support to families and communities affected by the disease.

In addition to HIV/AIDS prevention, Volunteers also work on basic health care issues. By focusing on prevention, human capacity building, and education, Peace Corps Volunteers help improve basic health care at the grass-roots level, where their impact can be the most significant and where health needs are most pressing. In helping communities take more responsibility for their own health care, Volunteers work to ensure the sustainability of their projects.

Benefits of Peace Corps Service

As a Master's International Student, you have an unparalleled opportunity to live and work overseas while completing the MPH. You will earn more than your degree, returning with feelings of independence, confidence, and accomplishment. The benefits of the Master's International Program can be countless and comprehensive. The extent of benefits, both professional and personal, depend upon your experience and intent while completing your coursework and serving as a Volunteer.

You give and you get. The chance to make a real difference in other people's lives is the reason most Volunteers serve in the Peace Corps.

But that is not the only benefit of Peace Corps service. Volunteers also have the chance to learn a new language, live in another culture, and develop career and leadership skills. The Peace Corps experience can enhance long-term career prospects whether you want to work for a corporation, a nonprofit organization, or a government agency.

Benefits of Peace Corps service include:

- language, cross-cultural and technical training
- transportation costs to and from the country of service
- living and housing expenses while in overseas service
- medical and dental coverage
- vacation time and allowance
- cancellation or deferment of certain government education loans

- readjustment allowance upon completion of service (which students often use to defray tuition costs)
- career counseling and job search facilities as a returned Peace Corps Volunteer

The benefits of Peace Corps service don't end with one's overseas service. The experience will affect your life long after you return home. It's an experience to draw upon for the rest of your life. As is often said, the Peace Corps isn't simply something great. It's the beginning of something great, and the rewards last a lifetime.

The Peace Corps provides Volunteers with a living allowance that enables them to live in a manner similar to the local people in their community. It also provides complete medical and dental care and covers the cost of transportation to and from your country of service.

The Peace Corps recognizes that returning from overseas requires some adjustment, so when you complete your service, we provide just over \$6,000 toward your transition to life back home. The money is yours to use as you wish: for travel, a vacation, making a move, or securing housing.

Safety

The safety and security of Peace Corps Volunteers is a top priority. The Peace Corps devotes significant resources to providing Volunteers with the training, support, and information they need to stay healthy and safe.

Yet because Volunteers serve worldwide, sometimes in very remote areas, health and safety risks are an inherent part of Volunteer service. Volunteers can reduce these risks by following recommendations for locally appropriate behavior, exercising sound judgment, and abiding by Peace Corps policies and procedures. In the effort to ensure a productive, healthy, and safe experience for Volunteers, the Peace Corps reviews work and housing sites in advance, collaborates on project development with local communities, and develops and tests plans for responding to emergencies. In addition, the Peace Corps continually updates materials for Volunteers with specific information about safety and security risks in the areas where they serve. This enables Peace Corps Volunteers to make informed decisions and have a safe, healthy Volunteer experience. Before establishing a program, the Peace Corps makes a thorough assessment of the health and safety conditions of the country. And in choosing sites at which to place Volunteers, we carefully consider factors such as access to medical, banking, postal, and other essential services; availability of communications and transportation, particularly in cases of emergency; existence of suitable housing arrangements; and proximity to other Peace Corps Volunteers. In every country in which Volunteers serve, the Peace Corps maintains a medical unit staffed by one or more medical providers. They inform Volunteers about local health issues and provide them with the basic medical supplies and vaccinations they need to stay healthy. If a Volunteer becomes ill and cannot be treated properly in the country of service, the Peace Corps will transport the Volunteer to an appropriate facility in a nearby country or to the U.S.

Admission Requirements

Interested individuals must apply separately for admission to the UAB School of Public Health and the Peace Corps, preferably at least six months prior to starting an academic program. Applicants to the UAB School of Public Health M.I. Program should apply to the department of their choice and indicate an interest in the Peace Corps Masters International program on their application. Applications are due on February 1 for fall admission. Transcripts, Graduate Record Examination (or equivalent) scores, and three letters of recommendation are also required.

To be eligible for the Peace Corps, you must be a United States citizen, be in good general health, and be at least 18 years of age.

SOPH Peace Corps and IHGS Internship Contact Information:

Mr. H. Pennington "Penny" Whiteside, Jr, MA, MSPH
Assistant Director for Special Programs
UAB Sparkman Center for Global Health
Phone: (205) 975-7693
Email: whiteside@uab.edu
Email: sparkmancenter@uab.edu
www.sparkmancenter.org

(*) Indicates the course may be taken more than once for credit.

EPI 600. Introduction to Epidemiology.-Principles of epidemiologic thinking. Measures of disease frequency and association. Determinants of disease and distribution of factors influencing health and disease in populations. Epidemiology of diseases of public health importance today. Core requirement for Non-Epidemiology MPH majors. 3 hours. Fall (MacLennan)

EPI 600QL/Online. Introduction to Epidemiology.-Principles of epidemiologic thinking. Measures of disease frequency and association. Determinants of disease and distribution of factors influencing health and disease in populations. Epidemiology of diseases of public health importance today. Core requirement for Non-Epidemiology MPH majors. 3 hours. Fall (Aslibekyan)

EPI 602. Epidemiology of Chronic Diseases. - Application of epidemiologic principles to assess the causes of cancer, cardiovascular diseases, diabetes, rheumatoid arthritis, and other chronic diseases. Emphasis on biological basis, rates, association, etiology, prevention, and control. Pertinent literature critically reviewed. 4 hours. Fall (Waterbor)

EPI 603. Injury-Epidemiologic Principles and Prevention Strategies.-Concepts and methods of epidemiology applied to injury; epidemiology of major injury types, utilization of injury data sets; development and evaluation techniques of preventive strategies. Prerequisite: EPI 600 or EPI 610 recommended but not required. 3 hours. Summer (Waterbor)

EPI 605. Epidemiology of Infectious Diseases.- Introduction to basic principles of infectious disease epidemiology, surveillance, and control. This course will also include critical analysis of the magnitude, distribution, risk factors, and public health significance of selected infectious diseases in community and institutional settings. While the primary geographic focus is the U.S., international comparisons and perspectives will be offered. Primary attention is neither on research methods nor on clinical and pathologic aspects of disease. Prerequisites: EPI 600, EPI 610 or an equivalent introductory epidemiology course or permission of instructor. 4 hours. Spring (Chamot)

EPI 607. Fundamentals of Clinical Research.- This course will provide an overview of principles and practices related to the study of determinants and outcomes of medical interventions. Methods for conducting epidemiologic research in the "clinic", assessing the validity of diagnostic and screening tests, measuring therapeutic efficacy and safety, and describing the natural history of disease will be reviewed. Prerequisite: Introductory training in epidemiology (e.g., EPI 600 or EPI 610) is recommended but not required. 3 hours. Spring (Glasser)

EPI 609. Pharmacoepidemiology & Comparative Effectiveness Research.- This course is open to graduate students registered in the masters or doctoral program at the UAB School of Public Health and residents and fellows in the School of Medicine, and it may also be of interest to students from graduate health-related programs outside the UAB

School of Public Health. The course provides an overview of epidemiologic methods applied to the study of utilization and safety of drugs in large numbers of individuals and an overview of issues and methods used in comparative effectiveness research on drugs, other medical interventions and medical care delivery. Lecturers will present examples of methodological problems and studies based on ongoing research at UAB. 3 hours. Fall (Zhang)

EPI 610. Principles of Epidemiologic Research.-Concepts and methods of epidemiology. Measures of disease frequency, association and impact; study design and analysis, indices of disease and health; overview of major categories of acute and chronic disease, analysis of epidemiologic data sets. Track requirement for EPI majors. Co-requisite: EPI 610L (computer laboratory course) must be taken with EPI 610. 4 hours. Fall (Muntner)

EPI 610QL (Online). Principles of Epidemiologic Research.-Concepts and methods of epidemiology. Measures of disease frequency, association and impact; study design and analysis, indices of disease and health; overview of major categories of acute and chronic disease, analysis of epidemiologic data sets. Track requirement for EPI majors. Co-requisite: EPI 610L (computer laboratory course) must be taken with EPI 610. 4 hours. Fall (Brown)

EPI 614. Epidemiologic Methods Applied to Comparative Effectiveness Research.- This course will focus on methodological issues pertaining to the design, analysis and interpretation of comparative effectiveness research studies. Special focus will be placed on comparative effectiveness research studies using a non-experimental design and large data base analyses. 2 hours. Spring (Yun)

EPI 616. Environmental Epidemiology.-Design and conduct of studies examining health effects of environmental exposures. Strengths and limitations of research strategies and interpretation of study results. Areas of interest include air and water pollution, lead, and biological marker outcomes. Prerequisite: EPI 600 or EPI 610. 3 hours. Course offered even calendar year in Summer (Sathiakumar)

EPI 618. Fieldwork in Public Health.- Application of public health principles in the communicable disease control and environmental health programs carried out at Jefferson County Department of Health. Prerequisites: EPI 610, EPI610L, and EPI 605 or Permission of instructor. Pass/No Pass. 2 hours. Course offered based on student interest/enrollment during the Summer (Arnett)

EPI 621/721. HIV/AIDS and STD's.-Basic biology and pathogenesis, historical and current trends, domestic and international epidemiology, determinants of spread, immunogenetics and host susceptibility, options for prevention, surveillance and control of sexually transmitted diseases (STD's) and HIV/AIDS. Prerequisite: Clinical doctoral degree (MD, DDS, DVM, DSN, or other similar degrees with approval); or be at least a second year masters student, or permission of instructor. 3 hours. Fall (Jolly)

EPI 625. Quantitative Methods in Epidemiology.-An introduction to multivariate techniques and survival analysis as they pertain to epidemiologic data and critical

reading of corresponding literature, specifically, logistic regression, log-linear modeling, Poisson regression, life tables, Kaplan-Meier survival curves, and Cox proportional hazards modeling. Track requirement for EPI majors. Prerequisites: BST 612 and EPI 611. 3 hours. Spring (Griffin)

EPI 626. Introduction to Data Analysis with SAS.-The general content will be basic SAS programming focused on fundamental statistical procedures. Upon completion of the course, the student should be able to do simple analysis and programming when given a SAS data set, and complete exercises from more advanced classes in epidemiology and biostatistics. 2 hours. Fall (Griffin)

EPI 627. Data Analysis and Presentation of Epidemiologic Studies.-The students will analyze data from an epidemiologic study, addressing a specific question, and prepare a manuscript from their analysis. There are 3 possibilities regarding choice of data: 1) from a list of the instructor's datasets, 2) public use data, 3) from the student's research. Students working on an MSPH or another degree project may use data for that degree-project with approval of their advisor and course master. Upon completion of the course, the student should be able to analyze data from an epidemiologic study and prepare a manuscript. Prerequisites: BST 612, EPI 611, EPI 625 and BST 626 or EPI 626. 3 hours. Fall. (McGwin)

EPI 635. Genetics in Public Health.- This course will provide a topical overview of issues in public health genetics. The purpose of this course is to introduce students to the complex issues involved in applying and integrating genetic technology and information into public health. Through a series of lectures, students will learn about the history of public health genetics, the role that genetics play in public health, and issues involved in applying genetic technology in clinical and research settings. Lectures will also address the ethical, legal, and social implications of genetic testing in populations and research designed to identify susceptibility genes in diverse ethnic and racial groups. Prerequisites: Currently enrolled in a Master's program. Undergraduates will need permission of instructor. 2 hours. Course offered every odd calendar year in Summer. (Shrestha)

EPI 680. Topics in Clinical Research.-Provide health sciences professionals interested in clinical trials, clinical epidemiology, and other forms of population research with both essential principles and specific technical knowledge in a variety of areas relevant to the conduct of biological and behavioral investigation of human subjects. Prerequisite: Limited to health professionals planning clinical research careers who have been accepted into the MSPH in Clinical Research Program. 2 hours. Irregular course that starts in January and ends in June. Register for this course during the Summer term. (McGwin)

EPI 681. Special Topics in Epidemiology.- Discussion of infectious disease research and practice encompassing design, conduct, analysis, and interpretation. Students participate in supervised research and/or in research design. Prerequisite: EPI 605 and permission of instructor for enrolling in EPI 681, and permission of instructor for enrolling in EPI 781. 3 hours

EPI 682. Gorgas Course in Tropical Medicine. Hands-on exposure to tropical diseases and emerging pathogens in various teaching formats: didactic lectures, roundtables, laboratory work, clinical and hospital rounds, case conferences, computer training, field trips and independent study. Course is held in the Spring Term in Lima, Peru. 9 hours (3 or 6 hours are also accepted with evaluation restricted to selected sections of the course). Study Abroad course offered in Spring (Freedman)

***EPI 695/795. Epidemiology Seminar Series.** This lectureship series is a forum for scientific dialogue on current topics in epidemiology, biostatistics and public health. The course will promote the development of knowledge about epidemiology methods, analytic approaches, disease etiology as well as natural history and current issues related to the application of these concepts to conducting epidemiologic research and public health practice. Pass/No Pass. 1 hour. Fall and Spring (Arnett)

EPI 697. Internship.-Field experience under joint direction of appropriate public health faculty member and qualified specialists working in selected aspects of public health. Pass/No Pass. 3 hours (240 contact/working hours required). Fall, Spring, Summer

***EPI 698. Master's Directed Research, Epidemiology.**-Independent study with guidance of appropriate public health faculty. Pass/No Pass. 1 - 9 hours. Fall, Spring, Summer

***EPI 699. Project Research, Epidemiology.** - Research for project under direction of research committee. Pass/No Pass. 1 - 9 hours. Fall, Spring, Summer

EPI 703. Grant Proposal Writing.-To provide the student with information about grant proposal writing and practice in preparing a grant proposal for submission. The proposal must relate to an epidemiologic topic. Human subject issues are discussed. Prerequisite: Must be a doctoral student or with permission of instructor. 3 hours. Course offered every even calendar year. Fall (Arnett)

EPI 704. Advanced EPI Methods.-This course provides an advanced introduction to fundamental epidemiologic concepts and methods, including causal inference, bias, and study design. This course is the first course in the sequence of the three required core epidemiology courses for doctoral students in epidemiology. 3 hours. Fall (Carson)

EPI 710. The Analysis of Case-Control Studies.-This course is designed to provide doctoral students in epidemiology with practical experience in the analysis and interpretation of data from case-control studies. Specific aims are: To outline a strategy for data analysis and review relevant methodologic issues and to apply stratified analysis methods and regression models in the study of diseases of multifactorial etiology. Prerequisites: Permission of instructor. 3 hours. Spring (Irvin)

EPI 713. Cancer Epidemiology and Control.- This course will address methodology and substantive issues in cancer epidemiology. Content will include definitions, biological origins and pathological and clinical aspects of cancer; an introduction to information sources and methods in cancer epidemiology; the global burden of cancer; descriptive epidemiology and major risk factors for various forms of cancer; strategies for cancer prevention and the role of epidemiology developing and evaluating those strategies.

Prerequisite: Doctoral student status in any Public Health discipline. Permission of instructor for students in other programs and schools. 3 hours. Summer (Waterbor)

EPI 720. The Analysis of Follow-up Studies.-Designed to provide doctoral students in epidemiology with practical experience in the analysis and interpretation of data from follow-up studies. Specific aims are: to outline a strategy for data analysis and review relevant methodologic issues and to apply stratified analysis methods and regression models in the study of diseases of multifactorial etiology. Prerequisites: Permission of instructor. 3 hours. Summer (Levitan)

EPI 721/621. HIV/AIDS and STD's.-Basic biology and pathogenesis, historical and current trends, domestic and international epidemiology, determinants of spread, immunogenetics and host susceptibility, options for prevention, surveillance and control of sexually transmitted diseases (STD's) and HIV/AIDS. Doctoral students will be responsible for writing a critical review paper or a grant application based on a STD/HIV topic of significant public health importance. Prerequisite: Clinical doctoral degree (MD, DDS, DVM, DSN, or other similar degrees with approval); or be at least a second year masters student, or permission of instructor. 3 hours. Fall (Jolly)

EPI 731. Genetic Epidemiology.-This course will cover core concepts of designs, methods and statistical tools in genetic epidemiology studies for determining the contribution of genes to disease risk. Methods for incorporating genetic markers into conventional epidemiologic study designs as risk factors including genetic risk models, familial correlations, migration and admixture, quantitative and qualitative traits, association and linkage analyses in family based designs, allele/haplotype frequency estimation, Hardy Weinberg Equilibrium and linkage disequilibrium and application in both family and population based studies will be discussed. Methods for gene-gene and gene-environment interaction assessment, genome wide association studies are also presented. Prerequisites: College level genetics course; basic biostatistics (BST 600 or BST 611 or BST 621 or equivalent); and basic epidemiology (EPI 600 or EPI 610 or equivalent). Students not meeting these pre-requisites may enroll only with the permission of the instructor. 4 hours. Course offered every even calendar year during the Spring (Shrestha)

EPI 731L. Genetic Epidemiology-Lab.-Genetic EPI lab. Co-requisite: Lab must be taken concurrently with EPI 731. 0 hours. Spring (Shrestha)

EPI 781. Special Topics in Epidemiology. Discussion of infectious disease research and practice encompassing design, conduct, analysis, and interpretation. Students participate in supervised research and/or in research design. Prerequisite: Permission of instructor for enrolling in EPI 781. 3 hours

EPI 788. Principles and Methods in Molecular Epidemiology.- Molecular biology and its relevance to the epidemiology, etiology and natural history of human diseases. The course will develop knowledge and skills in molecular biology, genetics and epidemiology methods, and facilitate the application of this information to evaluate susceptibility, etiology, natural history, treatment, and prevention of diseases. 4 hours. Summer (Brown)

***EPI 790. Doctoral Seminar in Epidemiology.**-In depth study and discussion of several areas of epidemiologic methodology not covered in other courses. Students are responsible for selecting and presenting topics. Considerable reading and outside preparation required. Prerequisite: Permission of instructor. Pass/No Pass. 2 hours. Fall (Wright) Summer (TBA)

EPI 793. DrPH Practicum.- Field experience practicum which bridges professional academic preparation and advanced public health practice. Pass/No Pass. Fall, Spring, Summer. 6 hours (480 contact/working hours required).

***EPI 795/695. Epidemiology Seminar Series.** This lectureship series is a forum for scientific dialogue on current topics in epidemiology, biostatistics and public health. The course will promote the development of knowledge about epidemiology methods, analytic approaches, disease etiology as well as natural history and current issues related to the application of these concepts to conducting epidemiologic research and public health practice. Pass/No Pass. 1 hour. Fall and Spring (Arnett)

***EPI 798. Doctoral Directed Research, Epidemiology.**-Independent study with guidance of appropriate faculty. Pass/No Pass. Fall, Spring, Summer. 1 - 9 hours

***EPI 799. Dissertation Research, Epidemiology.** - Research for dissertation under direction of dissertation committee. Pass/No Pass. Fall, Spring, Summer. 1 - 9 hours

Affuso, Olivia, Associate Professor, MS (Georgia State University), PhD (University of North Carolina at Chapel Hill); Research Interest – Applied epidemiology for the prevention of obesity and chronic disease through physical activity and nutrition, food security, health disparities, and design of obesity randomized controlled trials.

Aissani, Brahim, Research Assistant Professor, PhD, (University P. & M. Curie.Paris VI); Research Interest – Genetic epidemiology of infection, obesity.

Akinyemiju, Tomi, Assistant Professor, PhD in Epidemiology (University of Michigan, Ann Arbor). Research and special interests: Health disparities in cancer in the US and Africa. Research focused on investigating upstream determinants of racial disparities in cancer along the prevention continuum.

Arnett, Donna, Professor and Chair, MSPH (Univ. of South Florida), PhD (Univ. of North Carolina Chapel Hill); Special interests: Cardiovascular genetic epidemiology.

Aslibekyan, Stella, Assistant Professor, PhD in Epidemiology

Brown, Elizabeth, Assistant Professor, PhD (Johns Hopkins University); Special interests include immunogenetics and molecular epidemiology.

Carson, April, Assistant Professor, MSPH in Epidemiology (Univ. of North Carolina at Chapel Hill), PhD in Epidemiology (Univ. of North Carolina at Chapel Hill); Research Interests: Health disparities in cardiovascular disease and diabetes

Chamot, Eric, Associate Professor, MD, MSc (Switzerland), PhD (Tulane); Special interests: Screening, Viral hepatitis, HIV/AIDS, STD's.

Griffin, Russell, Assistant Professor, MSPH in Epidemiology (Univ. of Alabama at Birmingham), PhD in Epidemiology (Univ. of Alabama at Birmingham); Research and special interests: Injury epidemiology and interests in epidemiological methodology.

Hidalgo, Bertha, Assistant Professor, PhD (University of Alabama at Birmingham), MPH-Biostatistics/Epidemiology (University of Southern California); Research and special interests: Nutrition and obesity.

Howard, Virginia, Professor; MSPH (North Carolina), PhD (Medical Univ. of South Carolina Charleston); Research interests: Stroke symptoms and associated risk factors, life-course exposure to the stroke belt geographic region, and risk factors for outcomes following carotid endarterectomy and carotid stenting.

Irvin, Ryan, Assistant Professor, MS in Biostatistics (Medical Univ. of South Carolina, Charleston), PhD in Epidemiology (University of Alabama at Birmingham); Pharmacogenetics of antihypertensive treatment with a focus on genetic risk for incident diabetes mellitus due to thiazide diuretic treatment and treatment resistant hypertension.

Jolly, Pauline, Professor, PhD in Science Education (Louisiana State University), MPH and PhD in Immunology and Infectious Diseases (Johns Hopkins University); Special interests: HIV immunopathogenesis, STIs and other infectious diseases, Immune and health effects of aflatoxin.

Levitan, Emily, Associate Professor, S.M. and Sc.D. in Epidemiology (Harvard School of Public Health); Research interests: the relationship between diet, lifestyle, and cardiovascular diseases and the application of epidemiologic and statistical methods to address public health questions

McGwin, Gerald, Associate Professor, MS (Harvard), PhD (UAB); Special Interest: Injury Epidemiology, Epidemiologic Methods, Ophthalmic epidemiology.

Muntner, Paul, Professor, MHS (Johns Hopkins University), PhD (Johns Hopkins University); Special interests: Renal disease epidemiology, Cardiovascular epidemiology.

Perry, Rodney T., Research Assistant Professor, PhD (Univ. of Alabama at Birmingham); Special interests: Population and molecular genetics, Neuroepidemiology.

Sathiakumar, Nalini, Professor, MD (Madras Medical College, India), MSPH (UAB), DrPH (Univ. of Alabama at Birmingham); Special interests: Environmental and occupational epidemiology, Pediatric epidemiology.

Shrestha, Sadeep, Associate Professor, MHS in Infectious disease/Genetic Epidemiology (Johns Hopkins University), PhD in Genetic Epidemiology (Johns Hopkins University), MS (Biotechnology) from Kreiger School of Arts and Sciences, Johns Hopkins; Research interests: Studying the interplay of human genetics with behavioral and environmental factors in the natural history, pathogenesis and outcomes of HIV/AIDS and other infectious diseases

Skibola, Christine, Professor, PhD and MS (UC Berkeley School of Public Health); Research and special interests: Molecular epidemiology, toxicology, and genomics.

Waterbor, John W., Associate Professor, MS, MD (Pennsylvania), DrPH (Univ. of Alabama at Birmingham); Special interests: Cancer epidemiology and control, Injury epidemiology.

Wilson, Craig M., Professor, MD (University of Wisconsin), Director of the Sparkman Center for Global Health; Special Interests: Malaria, geographic medicines, pediatric infectious disease

Wright, Nicole, Assistant Professor, PhD in Epidemiology (University of Arizona). Research and special interests: Understanding determinants of osteoporosis and fractures.

Yun, Huifeng, Research Assistant Professor, PhD (University of Alabama at

Birmingham). Research and special interests: Pharmacoepidemiology.

Zhang, Jie, Assistant Professor, PhD in Epidemiology (University of Alabama at Birmingham), MPH (University of Kentucky). Research and special interests: Pharmacoepidemiology and epidemiologic methodologies used for pharmacoepidemiologic research.

APPENDIX A

Academic Performance

Students must maintain a grade point average of at least 3.0 (B average) and overall satisfactory performance on pass/no pass courses to be considered in good academic standing. Satisfactory performance on pass/no pass courses is defined as the earning of at least as many P grades as NP grades combined.

Time Limitations for Degree Completion and Satisfactory Progress

The School of Public Health allows a maximum of five years from initial matriculation to complete an MPH, MSPH or MS degree and a maximum of seven years from initial matriculation to complete a DrPH or PhD degree. International students are required to complete their degree in seven (7) semesters. Credits older than five years cannot be counted toward a master's degree; credits older than seven years cannot be counted toward a doctoral degree. In general, retention in the school is contingent on the faculty's belief that a student is likely to complete the program in a timely manner. A student must complete the degree requirements within specified time limits or otherwise exhibit satisfactory progress in their academic program to avoid the risk of being dismissed from the program.

Academic Probation

Students must maintain a 3.0 grade point average to remain in good academic standing. A student who has been in good academic standing however, at the end of a semester fails to meet the criteria to continue in good academic standing, will be placed on probation. Such a student must re-establish good academic standing within the next two semesters of graduate study undertaken. Students who do not accomplish this level of performance will be academically dismissed from the School of Public Health. In addition, research course work earning more credit hours of NP than P, regardless of grade point average, will be placed on academic probation. **NOTE: During a probationary period, students should not receive "I" or "N" grades.** Also, a student's academic advisor can petition the Academic Dean for an extension of the probationary period.

Re-admission after Academic Withdrawal

Students dismissed for failing to meet scholastic or other degree requirements are considered withdrawn for academic reasons and will be considered for re-admission only with a written recommendation from the faculty responsible for the program. A written statement from the student's advisor and department chair justifying a readmission decision should support the student's written petition for readmission. The statement should clearly set forth conditions that the student must meet in order to establish good academic standing and complete the degree requirements within the required time limits for the degree.

Grading Policies

Grading in the School of Public Health is based on a 4.0 scale. The grade of A is used to indicate superior performance; B, for adequate performance; C, for minimally adequate performance. Performance below C is recorded as an F and negatively affects the student's total quality point rating. Some classes are designated as pass/no pass courses, for which a grade of P (passing) signifies satisfactory work and the grade of NP (not passing) indicates unsatisfactory work. Temporary notations used by the school are N for no grade reported, I for incomplete. The N denotes late or no submission of a grade by the instructor.

Policy for Requesting an Incomplete Grade

If unforeseen circumstances affect a student's ability to complete their course requirements in a given, the student may request from the course instructor a "temporary" grade notation of I (Incomplete) prior to the end of the term. The course instructor has the discretion to consider the request. If the Incomplete grade request is approved, the instructor and student must discuss and agree upon a plan and a schedule for completing the course requirements. It is the student's responsibility to initiate this discussion and assure completion of course requirements. A Request for Incomplete Grade Form must be completed, signed by the appropriate persons and submitted to the Office of Student and Academic Services. If a "permanent" grade is not reported by the end of the following term, a grade of F will be automatically assigned to replace the I or N. A grade extension may be petitioned to the Academic Dean by written request from the course instructor.

Course Repeat Policy

Public Health courses may be repeated using the following guidelines:

1. Only a course with a grade of C or F is eligible for repeat.
2. A course can be repeated only once at UAB.
3. A course taken at UAB earning a grade of C or F that is repeated at UAB will have the credit and GPA of the first course removed and will have the credit and GPA of the second course retained. The UAB transcript will indicate both courses.
4. A course taken at another university, that a student requests be transferred to replace the credit of a C or F graded course at UAB, must have a B or better grade and follow all transfer of credit guidelines. In addition, the GPA will be retained but the credit of the first course dropped and both the credit and GPA retained for the second course. The UAB transcript will show both courses.

Cumulative Credits and Grade Point Average (GPA) Semester Hours Earned

The student's "semester hours earned" are increased by:

1. Earning a grade of C or better in a course for which the student was registered on a regular (letter grade) basis, or
2. Earning a P grade in a course taken on a pass/no pass basis Semester Hours Attempted.

The student's "semester hours attempted" are increased by:

1. Earning a grade of A, B, C or F in a course which the student was registered on a regular (letter grade) bases, or
2. Earning a NP grade in a course taken on a **pass/no pass basis**.

Quality Points

Four quality points are awarded for each semester hour for which the student receives a grade of A, three quality points are awarded for each semester hour in which a B is earned, and two quality points are awarded for each semester hour in which a C is earned. No quality points are earned for F or P grades.

Grade Point Average

The grade point average (GPA) is determined by dividing the total quality points awarded by the semester hours attempted. The transcript will show cumulative GPA's for students who have completed previous graduate work at UAB and those students who are enrolled in dual programs; however to determine the students current academic status the GPA for each program will be calculated separately by each program.

Grade Appeal Policy

The only legitimate basis for appealing a grade assigned for School of Public Health courses are:

- A belief that an error was made in the determination of the grade; or
- A belief that a grade was arrived at unfairly or on the basis of inconsistent application among students of the stated evaluation standards. Should a student believe that either of these circumstances applied and that an appeal is warranted, the following procedures are to be followed:

1. Clarification should be sought from the course instructor in an attempt to resolve the disagreement without further appeal.

2. If the matter cannot be resolved in consultation with the course instructor, the student may submit a written appeal to the Academic Dean requesting consideration of the appeal. Appeals must be submitted

within four weeks after the end of the semester when the disputed grade was received.

This request should include a description of the basis for the appeal and the failed attempt to resolve it with the instructor. Upon receipt of such a request, the Academic Dean will bear responsibility to solicit information relevant to the situation from the student and the course instructor, and on the basis of that information to make a determination for or against the appeal. If in the judgment of the Academic Dean there is a legitimate basis for the appeal, the chair of the course instructor's department will ensure that the assigned grade is appropriately changed.

3. If the Academic Dean determines that there is an insufficient basis for a grade change and rules against the appeal, the student may submit a final written appeal to the Academic Dean requesting him or her to convene a panel of three faculty and one student to consider the appeal and make a recommendation to him or her on its disposition. Similarly, if the Academic Dean rules for the appeal, the instructor may appeal the decision by going through the same process. Based on the recommendation of the panel, the Dean will issue a decision. This decision will be final.

4. Appeals of grades in courses taken outside the School of Public Health will be handled according to the policies and procedures of the schools within which the courses reside. Final disposition of grade appeals for courses in Graduate School programs resides with the Dean of the Graduate School.

Approved, Admissions and Graduation Committee, March 1997. Amended January 18, 2008.

School of Public Health Academic Grievance Policy (Procedures followed according to the UAB's Student Grievances Policy)

Student complaints on academic matters are the responsibility of the department and school involved. Normally, such complaints can be resolved quickly through discussion with the involved faculty. In rare situations where such resolution does not occur, the student should contact the chair of the appropriate department to file a formal grievance. The student's grievance should be submitted in writing and accompanied by any documentation at the earliest possible time. Consideration will not be given to any grievance submitted later than the end of the term immediately following the term in which the matter in question arose. The department should acknowledge the date the grievance is received and notify the student about when an answer may be expected. It is the responsibility of the department chair to provide an answer to the student within 10 working days. If the matter cannot be settled within the department, the student has 10 working days from the day of the department's response to appeal to the associate dean of the SOPH. The Academic Dean should acknowledge receipt of the student's appeal and inform the student of the course of action within 10 working days. At the Academic Dean's discretion, an advisory panel may be appointed to study the disagreement and make a recommendation to the dean. However, it is the responsibility and prerogative of the associate dean to make, in a timely manner, a decision on any academic disputes which have not been resolved at lower levels. The decision of the Academic Dean is final on academic matters.

Transfer of Credit

This policy pertains to transfer of credit from other universities, course work taken in other graduate degree programs or course work taken at the UAB School of Public Health as a non-degree seeking student. Previously earned graduate credit (up to 12 semester hours) that has not been applied toward another degree is eligible to transfer into the student's current degree program if the following criteria are met:

- An official transcript showing the course work must be on file.
- Course content information must be provided to determine comparability.
- The course(s) must be at the graduate level.
- The course(s) must not have been used to complete another degree.
- No grades below "B" will be acceptable.

All transfers of credit requests must be initiated by the student and requires completion of a Request for Transfer of Graduate Credit Form. Transfer of credit, including non-degree credit, cannot take place until one term of course work toward a degree has been completed and/or until probationary status has been removed. Once the transfer of credit has been accepted, it will be included in the grade point average (GPA) calculation in the student's current program.

Request for Course Substitution

The substitution of a "Core", "Track" or "Elective" course can be requested by the student. The Course Substitution Form must be completed and submitted along with a copy of the course syllabus or course description. The following rules apply for course substitutions:

- Documentation verifying that the course was not used to complete a previous degree (copy of transcript);
- Verification that the course is graduate level. If a course substitution is requested for a course taken at another university, a Transfer of Credit will be processed and if accepted will be included in the grade point average (GPA) calculation in the student's current program.

Request for Course Waiver

A course waiver indicates that a course was completed, most likely as part of another degree, but it is felt by the student in consultation with his/her advisor that the student has sufficient knowledge in a particular area and is not required to complete a course that would be redundant. In the case of "core" courses, the core instructor must determine if the student can waive the course. A Course Waiver Form must be submitted with a copy of the course syllabus or course description. Receiving a waiver of a required class does not remove the obligation to earn sufficient credit hours as required for the degree. **The deficit in credit hours due to course waiver must be made up by determining course options in consultation with the advisor.**

SCHOOL OF PUBLIC HEALTH ADMINISTRATIVE POLICIES AND PROCEDURES

Inter-departmental Change of Status

If a matriculated student wishes to transfer into a different department within the School of School of Public Health, they may complete an Interdepartmental Change of Status Form which must be approved and signed by the appropriate persons. New students may request a transfer only after the completion of one term in the department for which the student was admitted. All applicable changes must be indicated on the form and the requested signatures must be included on the form before submitting to the Office of Student and Academic Services for processing. A copy of the student's file will be forwarded to the department for which the student is requesting a transfer for review. The student and the department will receive notification of the decision.

Intra-departmental Change of Status

If a matriculated student wishes to transfer into a new degree, track or change advisors within the same department, the Intradepartmental Change of Status Form must be approved, completed and signed by the appropriate persons. All applicable changes should be indicated on the form and all required departmental signatures should be obtained before returning the form to the Office of Student and Academic Services for processing. The student and the department will receive notification of the decision. Students requesting a change of advisor should complete the *Change of Advisor Request Form*.

Continuous Enrollment and Leave of Absence

All students are expected to remain continuously enrolled throughout his or her course of study, unless personal or financial circumstances necessitate a leave of absence. A leave of absence request may be submitted for one semester at a time. If an extension is needed, you must complete a new leave request form. Leave of absence requests will not be approved beyond one semester unless an emergency or extenuating circumstance can be proven. If a leave of absence is approved, it is still the student's responsibility to complete his or her degree requirements in the time period allotted (maximum of 5 years for masters' students and a maximum of seven years for doctoral students.) International students are required to complete their degree in seven (7) semesters including annual vacations. Completion of a Leave of Absence Request Form at least one semester prior to the term of the leave request is needed for leave consideration. **Note:** the Leave of Absence Request is **not** official until the form has been received, approved and processed in the Office of Student and Academic Services. Under no circumstances shall students enroll in coursework of any kind at UAB or engage in any work toward completion of a degree while on active leave of absence. This would include sitting for comprehensive examinations, being examined for admission to candidacy and defending dissertations. Students enrolled in courses in the School of Public Health or other schools and/or departments on campus or are otherwise engaged in degree-related work, will be considered **NOT** on a leave and must be enrolled for a minimum of three (3) credit hours applicable to their degree. Records of students who do not obtain written approval for a Leave of Absence and who fail to enroll in courses for one year, will be archived by

the university student system and the student will be automatically administratively withdrawn from the school. Conversely, students who do not return from an approved leave of absence will be administratively withdrawn. Whether or not a leave of absence is taken, the school allows a maximum of five years from initial matriculation to complete the MPH, MSPH and MS degrees and a maximum of seven years from initial matriculation to complete the DrPH and PhD degrees. NOTE: International students must complete a leave of absence form in the School of Public Health as well as any required documents in the International Scholars and Students Office when taking their "vacation".

Administrative Withdrawal

Students who would be administratively withdrawn from the School of Public Health fall into the following categories:

- Students who voluntarily withdraw
- Students who do not request a leave of absence
- Students who do not enroll for a one year period and whose records are archived
- Students who do not return from an approved leave of absence by the designated and approved date.

Readmission after Administrative Withdrawal

Students may be considered for re-admission into the program to which they were previously admitted in the School of Public Health if it was within the last five (5) years; they were administratively withdrawn; or were accepted within the past year but did not matriculate, and did not request a deferral of matriculation. **Note:** Students who have attended another university in the interim must provide an official transcript from that school. The *Application for Readmission Form* must be completed, following all instructions and returned to the Office of Student and Academic Services before re-admission will be considered. If re-admitted, students will be required to meet the degree requirements of the current catalog at the time of re-admission. Credits older than five (5) years cannot be counted toward a master's degree and credit older than seven (7) years cannot be counted toward a doctoral degree.

Pursuing Two Degrees Concurrently

It is against school policy to pursue two degree programs at the same time unless the programs are approved coordinated/dual programs. Students who wish to pursue a degree other than that for which they were admitted in the School of Public Health must withdraw from the School of Public Health. Students found to be pursuing a second degree without having followed the withdrawal procedure, will be automatically withdrawn from the School of Public Health. Once withdrawn, students may reapply to the School of Public Health but must follow the degree requirements of the catalog in force at the time of readmission.

Requirements effective Fall 2014 - MPH in Epidemiology Students

- 1) Incoming MPH students are required to complete PUH 690 Writing and Reviewing Research for MPH or GRD 727 Writing & Reviewing Research, within the 1st year of their coursework.
- 2) All incoming master's students will be required to take a 2 credit-hour

SAS course, *EPI 626 Introduction to Data Analysis with SAS* in their 1st semester (**Students in the Department of Biostatistics MPH, MS & PhD programs are exempt**).

3) All students will be required to have a laptop computer available for class.

4) International students are required to complete the English Language Oral and Writing Assessment administered by the UAB Graduate School. International students will be required to complete the recommended GRD writing and oral communication classes based on the assessment scores. Students will be required to take the GRD courses within their 1st year. Academic advisors may “waive” or “override” the oral communication course requirement if they determine that the student’s oral communication skills are proficient.

Public Health School -Wide MPH Core Competencies

Upon graduation, all MPH students should be able to accomplish the following:

Biostatistics (BST 600 or BST 611/612)

MPH1. Describe the roles biostatistics serves in public health including applications in other areas of public health and the health sciences.

MPH2. Apply descriptive techniques commonly used to summarize public health data.

MPH3. Utilize the logic and language of scientific methods in public health and other life sciences research.

MPH4. Use key concepts of probability, random variation, and commonly used statistical probability distributions.

MPH5. Understand and utilize basic biostatistical concepts and distinguish among the different measurement scales and the implications for selection of statistical methods to be used based on these distinctions.

MPH6. Describe the basic methods of measurement including reliability and validity.

MPH7. Use basic statistics in testing hypotheses and setting confidence intervals and apply common statistical methods for inference.

MPH8. Specify preferred methodological alternatives to commonly used statistical methods when assumptions are not met.

MPH9. Understand analysis of basic experimental designs and apply descriptive and inferential methodologies according to the type of study design for answering a particular research question.

MPH10. Understand simple and multiple linear regressions.

MPH11. Interpret results of statistical analysis in public health studies.

Environmental Health Sciences (ENH 600)

MPH12. Specify approaches for assessing, preventing, and controlling environment hazards that pose risks to human health and safety.

MPH13. Describe the direct and indirect human, ecological, and safety effects of major environmental and occupational agents.

MPH14. Specify current environmental risk assessment methods.

MPH15. Describe genetic, physiologic, and psychosocial factors that affect susceptibility to adverse health outcomes following exposure to environmental hazards.

MPH16. Discuss various risk management and risk communication approaches in relation to issues of environmental justice and equity.

MPH17. Explain the general mechanisms of toxicity in eliciting a toxic response to various environmental exposures.

MPH18. Develop a testable model of environmental injury.

MPH19. Describe federal and state regulatory programs, guidelines, and authorities that control environmental health issues.

Epidemiology (EPI 600 or EPI 610)

MPH20. Identify key sources of epidemiologic data.

MPH21. Describe disease patterns according to person, place and time.

MPH22. Define and use basic epidemiologic terms as they are commonly used today.

MPH23. Calculate and interpret measures of disease in one population, such as risk, rate, incidence, and prevalence.

MPH24. Calculate/interpret relative measures of disease (relative risk).

MPH25. Calculate/interpret impact measures of disease (attributable risk).

MPH26. Interpret epidemiologic data with regard to bias, confounding, and precision.

MPH27. Describe common epidemiologic study designs (e.g., cross-sectional, cohort, and case-control) and their strengths and weaknesses.

MPH28. Describe goals and process of screening, and define/interpret the screening measures' sensitivity, specificity, & positive predictive value.

MPH29. Evaluate the strengths and weaknesses of conclusions reached in epidemiologic reports and published studies.

MPH30. Communicate the interpretation of epidemiologic data to lay audiences.

MPH31. Describe the importance of epidemiologic data as a basis for public health interventions for disease control.

MPH32. Describe important legal and ethical issues relating to the collection, use, analysis, and dissemination of epidemiologic data.

Social & Behavior Science (HB 600)

MPH33. Identify basic theories, concepts & models from a range of social & behavioral disciplines that are used in public health research & practice.

MPH34. Identify the causes of social and behavioral factors that affect health of individuals and populations.

MPH35. Identify individual, organizational, & community concerns, assets, resources and deficits for social and behavioral science interventions.

MPH36. Identify critical stakeholders for the planning, implementation and evaluation of public health programs, policies and interventions.

MPH37. Describe steps and procedures for the planning, implementation and evaluation of public health programs, policies and interventions.

MPH38. Describe the role of social and community factors in both the onset and solutions of public health problems.

MPH39. Describe the merits of social and behavioral science interventions and policies.

MPH40. Apply evidence-based approaches in the development and evaluation of social and behavioral science interventions.

MPH41. Apply ethical principles to public health program planning, implementation and evaluation.

MPH42. Specify multiple targets and levels of intervention for social and behavioral science programs and/or policies.

Health Services Administration (HCO 600)

- MPH43. Identify the main components & issues regarding organization, financing & delivery of health services and public health systems in the US.
- MPH44. Discuss policy process for improving health status of populations.
- MPH45. Describe legal & ethical bases for public health & health services.
- MPH46. Apply principles of strategic management, planning and marketing to public health.
- MPH47. Communicate health policy and management issues using appropriate outlets and effective technologies.
- MPH48. Demonstrate leadership skills for building partnerships.
- MPH49. Apply principles of program planning, development, budgeting, management and evaluation in organization and community initiatives.
- MPH50. Explain methods of ensuring community health safety and preparedness.
- MPH51. Apply “systems thinking” for resolving organizational issues and public health practice problems.
- MPH52. Apply quality and performance improvement concepts to address organizational performance issues.
- MPH53. Apply research principles to understanding health policy problems and policy issues.

APPENDIX B

Establishing Alabama Residency

All students registering at the University of Alabama at Birmingham, who do not establish that they are “resident students” shall pay non-resident student tuition. For tuition purposes, U.S. citizens or permanent residents who are not residents of Alabama may be able to establish Alabama residency to be effective in one year. **This process is not automatic.**

Three Methods of Requesting Residency Reclassification

1. Academic Common Market

Residents of every Southern Regional Education Board (SREB) state may participate in the SREB Academic Common Market, an agreement that enables students to pursue unique majors offered at public institutions in the other SREB states while paying in-state tuition. If the public institutions in your home state do not offer degree programs in your field of study, it may be possible to arrange a waiver of out-of-state tuition to attend a cooperating public institution of higher education in another participating state. For detailed information and contact information about your state’s Academic Common Market representative go to the SREB web site at www.sreb.org.

2. Alabama Residency Reclassification

In determining residency classification for tuition purposes, the primary issue is one of intent. If a person is in Alabama primarily for the purpose of obtaining an education, that person shall be considered a “non-resident” student. A student seeking residency reclassification has the burden of overcoming the presumption of non-resident student status by demonstrating more substantial non-school related connections to the state than with any other state and the intent to remain here indefinitely. You must begin to establish Alabama residency as soon as you arrive. Documents supporting a reclassification of residency application should be, but are not required to be, dated, issued, or filed twelve months prior to enrollment at UAB. Evidence of connections with Alabama which have been in effect for more than one year prior to application are more supportive of residency than those which have been in effect for less than one year prior to application for reclassification. Students who wish to apply for “residency reclassification” and have the required documentation of intent and length of residence should complete the *Alabama Residency* application and provide the appropriate documentary evidence. Once residency has been established in this manner, you are considered a resident for the duration of your studies at UAB. Such documentation includes, but not limited to:

- Copy of Alabama Driver’s License
- Proof of Auto Registration in Alabama
- Proof of Bank Accounts in Alabama
- Copy of Voter Registration for Alabama
- Copy of residential/lease agreement

Alabama Residency Reclassification (Students receiving institutional support)

In-state tuition will be considered for School of Public Health students who meet one of the following criteria:

- School-based tuition assistance, or Externally funded traineeship that includes some funding for tuition, or
- Externally funded traineeship of at least \$1500 per year, even if that traineeship does not include explicit funding for tuition, or
- Fellowship recipients who are enrolled in the School of Public Health as part of their advanced training (e.g., medical residents).

• Working as a “graduate assistant” (meaning students who work in School of Public Health departmentally funded positions assisting with teaching and/or research activities that must be directly related to their education in the School of Public Health).

“Graduate Assistant assignments are part-time and are typically 15-20 hours per week.

Along with the Alabama Residency Reclassification Form, students must also submit an Oracle ACT Document- (displaying **06** Assignment Category Code and **Graduate Assistant** as the job as well as a letter from the employer stating job duties, identified SOPH faculty mentor and how student’s job is related to their course of study (i.e.

MPH/practice, MSPH/research, etc. **Employment will be verified each semester.** Students who would like to be considered for Alabama Residency Reclassification based the criteria outlined above should complete the Alabama Residency Reclassification located on the school’s website. Once Alabama residency has been established using this method of reclassification it must be reviewed for renewal each semester. If upon reevaluation, your reclassification is not renewed and you do not meet the requirements of the other two methods of residency reclassification, you will be considered to be a “non-resident student” .

APPENDIX C

University of Alabama at Birmingham School of Public Health

adopted by the Faculty Assembly August 11, 2000

Preamble

Honor has been defined as a keen sense of ethical conduct and a showing of usually merited respect. Preservation of the integrity of the educational enterprise and of every earned degree, whether masters or doctoral, from the University of Alabama at Birmingham (UAB) School of Public Health is the underlying premise of this School's Honor Code. The UAB School of Public Health Honor Code, jointly developed and adopted by students and faculty, assumes all students to be honorable and honest and assumes all members of the academic community maintain the highest ethical and professional standards. In an educational institution in which honesty is assumed, it is imperative that everyone conduct himself or herself in a professional manner with other students, faculty, and administration. Further, every student, faculty and staff member is expected to be familiar with, abide by and uphold the values of the School of Public Health. These values include open and honest communication, respect for every individual, and an appreciation of diversity, integrity, teamwork, excellence, and making a positive contribution in the community. Appropriate academic, professional, and personal conduct of each member of the student body is essential for the School of Public Health to maintain an environment conducive to its educational mission. Students, faculty and administration have an obligation to take action whenever there is a suspected breach of the School of Public Health Honor Code. Violations of academic integrity covered by Honor Code include, but are not limited to, cheating, plagiarism, knowingly furnishing false information to any agent of the University for inclusion in the academic records, noncompliance with University research ethics, including human subjects review, and professional misconduct. A student determined to have violated the Honor Code shall be subject to disciplinary action. Every student matriculated in the UAB School of Public Health will be provided a copy of the Honor Code at orientation or registration. Students, faculty, and administration are obligated to familiarize themselves with the Honor Code. Copies will also be available at the reception desk in the Office of Student and Academic Services and will be posted in the Student Lounge, for the benefit of those students who take classes in the School of Public Health but are not enrolled in public health degree programs.

Article One: Misconduct

Misconduct may include behavior that is academic or non-academic in nature, but may also be a combination of the two. Allegations of academic misconduct, unless informally resolved, shall be referred to the Honor Court. Allegations of non-academic misconduct may be referred to the Honor Court but may also involve behavior that is subject to disposition outside the School of Public Health, including civil and criminal processes. Academic misconduct may include, but is not limited to, the following types of dishonest or otherwise inappropriate behavior:

1. Cheating - Cheating is defined generally as a dishonest act in which the cheater tries to maintain that he or she has learned something when, in truth, learning has not taken place. Cheating includes but is not limited to the unauthorized use of notes, books or other sources of information during an academic exercise; copying the work of another on an examination or allowing someone to copy the work of another student obtaining unauthorized assistance during a formal academic exercise (e.g. take home examination, homework assignment or written essay); misrepresenting the work of others as one's own effort; and, allowing oneself to be represented by another student as in the case of an on-line assignment or examination.

2. Plagiarism - Plagiarism is the misappropriation of the work of others as one's own, whether found in print or electronic media. Plagiarism includes both the direct use and paraphrasing of the words, thoughts or concepts of another without having given proper attribution to the source of the information. Accepted standards of attribution expected of all students in this School are as follows: A direct quotation must always be identified by quotation marks, indentation, and single spaces or use of reduced type/font size of the quoted material. A footnote or citation must be used to show the exact source of verbal and quantitative material. A quoted passage may range from a single word or phrase to an entire work. A paraphrase (the restatement of a text or portion of text for the purpose of simplifying, shortening or reinterpreting information) also requires an exact citation to or the acknowledgment of the original author.

3. Misconduct in research - The School of Public Health adheres to the policy described in the Graduate School Handbook, 1998-2000, Section V. UAB Policy Concerning Maintenance of High Ethical Standards in Research and Other Scholarly Activities (see attached.) Students and faculty should refer to this document for clarification of expectations regarding professional conduct in research endeavors.

4. Breach of Confidentiality - A breach of confidentiality is to disclose information, data, research, etc., concerning departmental and/or academic or administrative affairs of the School of Public Health that is deemed confidential and was known to be so. Breach of confidentiality shall include the unauthorized disclosure of confidential information that is presented at a hearing before the Honor Court. Non-Academic Misconduct may include any act that is alleged to be a violation of School or University policy or a violation of the law. To the extent possible, the Academic Dean shall determine which allegations of non-academic misconduct are capable of resolution before the Honor Court. A student alleged to have committed non-academic misconduct should be aware that the resolution of such a charge may not be possible within the School of Public Health or within the University, but may be subject to civil and/or criminal adjudication. The commencement of civil or criminal action shall not, however, deprive the School of the right to proceed with action before the Honor Court.

Article Two: Responsibilities of Students, Faculty and Staff

Students, faculty and staff are obligated to comply with the Honor Code at all times. The Honor Code is applicable to any student enrolled in a School of Public Health course and matriculated students from the moment they arrive at the School of Public Health until the moment the degree is conferred. Students must not only abide by the Honor Code themselves, but are expected to report any suspected violations when they occur, as described in Article Four. Faculty are responsible for conducting classes and examinations, communicating their expectations regarding course requirements, providing guidance as to whether work is to be completed independently or in groups, advising students what sources, if any, may be used in completing course work, and for reporting suspected violations of the Honor Code. Staff are responsible for reporting suspected violations of the Honor Code to the faculty member responsible for the course in which the suspected violation occurred or to the Academic Dean.

Article Three: The Honor Court

The Honor Court shall consist of eight members; six students, elected to Student Government Association (SGA) senator positions representing each of the six departments in the School of Public Health and two faculty members. Student members of the Honor Court shall be individuals in good academic standing. The SGA President shall appoint two alternates to serve in the event that a standing member has a conflict of schedule or conflict of interest. The Associate Dean for Academic Affairs (Academic Dean) shall appoint two members and one alternate from among the faculty. Terms of students shall be for the duration of their SGA term of office, or one

year. Faculty members will serve two-year, staggered terms. The Honor Court shall elect a chairperson from among the eight regular members at the beginning of the academic year. The Chair may be either a student or faculty member. The duties of the Chair include convening the Honor Court, presiding over hearings and communicating with the administration of the School of Public Health on behalf of the Honor Court. The Honor Court shall also appoint for one year an Investigative Team, comprised of two students appointed by the Honor Court and one faculty member appointed by the Academic Dean (See Article Four.) No member of the Investigative Team shall simultaneously be a member of the Honor Court. The Academic Dean shall convene all members of the Honor Court at the beginning of the academic year for an introductory meeting. The purpose of this meeting is to review the roles and responsibilities of the Honor Court and its members, to elect a chairperson and to appoint an investigative team for the year. In all matters, the members of the Honor Court and the Investigative Team are to treat the information put forward to them in the strictest of confidence. Breaches of confidentiality are themselves violations of the Student Honor Code and will be treated as such. The Honor Court shall have the discretion to amend its procedures, as necessary, by a two-thirds vote of the members, provided that proposed procedural modifications do not conflict with School of Public Health or University policy and are not prohibited by law.

Article Four: Preliminary Procedures for Handling Suspected Violations

Students are expected to report an alleged violation of the Honor Code either to the faculty member in charge of a course in which the suspected violation occurred or directly to the Academic Dean within seven days of the discovery of the alleged incident. Faculty who witness an incident or have allegations of an Honor Code violation reported to them must report such allegations to the academic Dean within seven days of learning of the incident. Individual faculty may attempt to informally resolve an incident that occurs in a course he/she teaches, however, every alleged violation of the Honor Code must be reported in writing to the Academic Dean. No further action will be taken if an informal resolution is reached by the student(s) and the faculty member. The Academic Dean shall keep a record of all alleged violations of the Honor Code and a summary of the disposition of the charge. While an informal resolution is preferred when at all possible, if an informal resolution is not reached between the faculty member and the alleged violator, the Academic Dean may also attempt to informally resolve the impasse between the student and the faculty member. In the event this attempt is unsuccessful, the Academic Dean shall refer the allegations(s) to the Honor Court for investigation. The investigation shall be conducted by the three-person investigative team appointed for this purpose (See Article Three.) The Investigative Team shall review materials pertinent to the allegation, e.g. a statement from the accuser, any supporting evidence, and shall gather testimony from witnesses. The team, once convened, has two weeks to conduct its investigation. In the event that more time is needed, the team shall petition the Chair of the Honor Court for an extension. The team should forward any requests for information not clearly known to be relevant to the investigation to the Academic Dean who will determine whether such information is in fact germane to the investigation. Following the investigation, the Investigative Team shall transmit to the Chair of the Honor Court a concise written report of the team's findings regarding the allegation(s). The written findings of the investigative team shall include a statement of the allegation(s) against the accused student, a description of the evidence and supporting documents (if available), and the names of witnesses interviewed and a summary of their respective testimony. The investigative team shall conduct its investigation impartially, in confidence, and shall be available to assist the Honor Court throughout any subsequent hearing. The written report of the Investigative Team shall be handdelivered to the Chair of the Honor Court or his/her designee, in confidence, upon completion of the report. Upon receipt of the investigative report of a violation of the Honor Code, the Honor Court shall convene to formalize a statement of the charge or to issue a statement dismissing the allegation(s) on the ground that insufficient substantiating evidence exists. The Honor Court shall provide notice of the specific charge or of the dismissal of

the alleged violation to the accused student by certified mail, return receipt requested, or by hand delivery, and to the Academic Dean. The statement of the charge shall include a brief summary of the alleged violation and the evidence presented in support of the charge, in enough detail as to allow the accused the opportunity to rebut the charge, and shall provide notification to the accused student of his/her right to a hearing. The accused student must respond to the charge within five days, unless excused by the Honor Court. In his/her written response to the Honor Court, the accused student must admit or deny the charge and must formally request or waive his/her right to a hearing before the Honor Court. Once notice of the specific charge has been provided to the accused student and to the Academic Dean, the Honor Court shall decide on a time for the hearing and any preliminary deadline(s) for the submission of supporting documents and the names of proposed witnesses. Granting a request from the accused or from the School to reschedule the hearing is within the discretion of the Honor Court, but shall not be unreasonably denied. The Honor Court shall provide written notice to the accused student of the time and place for the submission of documentary evidence and the names of witnesses to be called in his/her defense with a statement describing the testimony of each witness. The Honor Court shall review documentary evidence in advance of the hearing.

Article Five: The Hearing

Although the specific procedure for the conduct of the hearing may vary somewhat, the process shall generally include the following: (1) call to order by the Chair; (2) introduction of those present; (3)

statement of the Charge and possible penalties if the charge is proven; (4) statement of the evidence and testimony in support of the charge, and questioning of witnesses; (5) statement of evidence and testimony in opposition to the charge (rebuttal), and questioning of witnesses; (6) closing statement. All questioning of witnesses shall be by the Honor Court unless the Honor Court shall decide otherwise. A hearing before the Honor Court shall not be bound by formal rules of evidence or judicial rules of procedure. The Honor Court may hear any testimony or receive any supporting evidence that it deems to be pertinent to the charge. Both the accused and a representative of the School may be present throughout the hearing. The accused student shall be afforded a reasonable opportunity to be heard, to question witnesses indirectly through the Honor Court, to rebut adverse evidence, and to make a brief closing statement. Members of the Honor Court may ask any questions at any time during the hearing and may elect to disallow or to curtail testimony that the Honor Court determines to be unnecessarily redundant or not probative of the issue(s) being heard. Throughout the hearing, all persons present shall conduct themselves in an orderly manner. The accused may be accompanied at the hearing by an advisor of his/her choosing, however, the

advisor may not participate in the hearing. The Honor Court shall be responsible for the conduct of the hearing at all times and shall keep a record of the proceedings in a format it chooses.

Hearings before the Honor Court are confidential proceedings and only those persons determined by the Honor Court to have a need to be present shall be included. Except for the accused (and an advisor if invited by the accused) and the representative of the School, all other witnesses shall be excluded from the hearing room, except when testifying. No more than one witness shall be called to testify at a time. The School or the Honor Court may elect to invite UAB Security to be present at an Honor Court hearing. As soon as practicable following the conclusion of the hearing, the Honor Court shall meet in private session to consider all of the evidence presented, and shall decide on one of two outcomes. The decision of the Honor Court shall be that the charge is either (1) proven by a preponderance of the evidence or (2) not proven by a preponderance of the evidence. A vote of six of the eight members shall be required for the charge against the accused to be proven. Following the vote, the Honor Court shall record the vote and shall provide a brief narrative statement explaining the rationale for their finding(s). The written decision and rationale of the Honor Court shall be transmitted to the Academic Dean, by internal communication, upon the conclusion of the Honor Court's deliberations. The Honor Court shall

notify the accused of the outcome by certified mail, return receipt requested, or by hand delivery. A decision of the Honor Court in favor of the accused student shall conclude the case.

Article Six: Penalties for Violation of the Honor Code

Violations of the UAB School of Public Health Academic Honor Code are punishable by a range of penalties from receiving a failing grade on an assignment, to an F in the course, to dismissal from the program. Generally, a first violation of the Honor Code shall result in the assignment of a failing grade in the assignment or in the course in which the violation occurred, at the discretion of the instructor. A notation on the student's permanent academic record may also be made to indicate that a reduced or failing grade was assigned because of an Honor Code violation (e.g., "F, Honor Code Violation, June 15, 2001"), on the judgment of the Honor Court. Any course grade of F for academic misconduct supersedes any other grade or notation for that class. Effective Spring 2009, the course repeat policy will not apply to course grades resulting from instances of academic misconduct. In these cases, the grades of F received will be computed in the UAB grade point average. Withdrawal from a course while a possible violation of the Honor Code is under review will not preclude the assignment of a course grade that appropriately reflects the student's performance prior to withdrawal if the violation is substantiated. No student may graduate from the UAB School of Public Health until pending allegations of an Honor Code violation have been resolved. A second violation of the Honor Code shall result in expulsion from the School of Public Health. No student expelled from the School of Public Health because of an Honor Code violation shall be eligible for readmission.

Article Seven: Appeal

Within ten days of receipt of a decision by the Honor Court that the charge(s) have been proven, the student may submit a written appeal to the Dean of the School of Public Health (Dean). If no appeal is made within ten days, the Academic Dean shall notify the student of the penalty assessed against him/her and shall impose the penalty accordingly. The written notice of appeal must include a brief statement of the reason for the appeal and may be accompanied by any new evidence that the appellant wishes to call to the attention of the Dean. The Dean shall review the appeal statement, any new evidence presented by the appellant, and any evidence presented to the Honor Court that is deemed by the Dean to be relevant to his consideration of the appeal. The appellant is reminded that an appeal to the Dean is not intended to provide a forum in which to reiterate the same facts or arguments that have already been considered by the Honor Court, but is an opportunity to present either a challenge to the procedures followed by the Honor Court or to offer newly discovered evidence that could effect the outcome. As soon as practicable and within 30 days after receiving the notice of appeal and any supporting documentation, the Dean shall consider the appeal. Once the Dean has completed his review, he shall issue a written decision, which shall: (1) affirm the decision of the Honor Court; (2) affirm the decision but reduce the penalty in consideration of mitigating facts; (3) vacate the decision of the Honor Court on the ground that procedural error may have prejudiced the outcome, and resubmit the charge for rehearing, or (4) vacate the decision and resubmit the charge to the Honor Court for reconsideration on the ground that newly discovered evidence might alter the outcome. If the Dean elects to vacate the decision of the Honor Court, he shall provide a concise written statement explaining the bases for such action. If the Dean affirms the decision of the Honor Court, or affirms the decision with a reduced penalty, the decision becomes final and the appropriate penalty shall be imposed. The Dean's decision shall be transmitted to the Academic Dean and the Honor Court by internal communication, and notice to the appellant shall be provided by certified mail, return receipt requested, or by hand delivery. The Honor Court's decision based on a rehearing or reconsideration following appeal is final.

Article Eight: Documentation

Following the resolution of an Honor Code violation and any appeal process, all records of disciplinary action taken pursuant to this Honor Code shall be maintained in the Office of the Academic Dean for a period of five years or until the student leaves the University, whichever is longer. These files are considered confidential and are not publicly accessible. If you have any questions regarding the UAB School of Public Student Honor Code please contact the Office of Student and Academic Services at 205/934.4993 or come by Room 120 in the Ryals School of Public Health Building.

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“Although this handbook intends to reflect currently any policies or rules of The Board of Trustees of The University of Alabama referred to or incorporated herein, users are cautioned that changes or additions to such policies or rules may have become effective since the publication of this material. In the event of such a conflict, the current statements of Board policy contained in the official minutes and manual of rules, bylaws, and guidelines shall prevail.”

The department reserves the right to make changes deemed necessary.
Students will be notified of any changes.

APPENDIX D

Appendix: Table 2.6.C (Epidemiology)

	Epidemiology Programmatic Competency Statement	MPH	MPH IHGS	MSPH Epi	MSPH Clinical Research	DrPH	PhD	Primarily gained through required Courses	Secondarily gained through elective or other required courses
EPI 1	Formulate a plan or a study to address an epidemiologic question	✓	✓	✓	(✓)			EPI 610, EPI 611 (EPI 607, EPI 680)	EPI 602, EPI 605, EPI 606, EPI 612
EPI 2	State a hypothesis that can be objectively and specifically addressed in a study	✓	✓	✓	(✓)			EPI 610, EPI 611 (EPI 607)	EPI 610, EPI 611
EPI 3	Collect and manage data in an appropriate and comprehensive fashion	✓	✓	✓	✓			EPI 610, EPI 611, EPI 697	BST 619, BST 626, BST 655, EPI 612, EPI 698
EPI 4	Describe the statistical basis for computing epidemiologic measures	✓	✓	✓	✓			BST 611, BST 612, EPI 610, EPI 625	
EPI 5	State the biologic basis, means of causation, and principles of control of infectious diseases	✓	✓	✓	✓			EPI 610, EPI 611	EPI 601, EPI 604, EPI 605, EPI 608, EPI 621
EPI 6	State the biologic basis, means of causation, and principles of control of chronic diseases	✓	✓	✓	✓			EPI 610, EPI 611	EPI 602, EPI 606, EPI 612, EPI 640
EPI 7	Research an epidemiologic topic to find relevant published reports and papers	✓	✓	✓	✓			EPI 610, EPI 611	EPI 606, EPI 612, EPI 621
EPI 8	Describe the format and sections of a published epidemiologic study	✓	✓	✓	✓			EPI 610	EPI 612
EPI 9	Describe disease causation, as it may relate to biological, environmental, and psycho-social factors	✓	✓	✓	✓			EPI 610, EPI 611	EPI 606, EPI 608, EPI 621
EPI 10	State the principles of designing an epidemiologic research study	✓	✓	✓				EPI 610, EPI 611	EPI 607, EPI 612
EPI 11	Describe how epidemiology relates to the other core disciplines in public health	✓	✓	✓				HCO 600, EPI 610, ENH 600, HB 600, MCH 695	EPI 605, EPI 612, EPI 621
EPI 12	Describe how real-world epidemiologic issues relate to public health practice	✓	✓	✓				EPI 610, EPI 697	EPI 601, EPI 605, EPI 618, EPI 621
EPI 13	Describe approaches to the analysis of discrete and continuous data	✓	✓	✓				EPI 611, EPI 625	BST 655, BST 665, EPI 612
EPI 14	Display epidemiologic data via tables, charts, and graphs, so that they can be easily understood	✓	✓	✓				EPI 610, EPI 611, EPI 625	BST 619, BST 626, EPI 612
EPI 15	Describe common ethical issues relating to the use or abuse of epidemiologic data	✓	✓	✓				HCO 600, EPI 610, MCH 695	EPI 612, EPI 621
EPI 16	Verbally present epidemiologic data and its interpretation to a lay audience	✓	✓	✓				MCH 695	EPI 603, EPI 696

Appendix: Table 2.6.C (Epidemiology)

	Epidemiology Programmatic Competency Statement	MPH	MPH IHGS	MSPH Epi	MSPH Clinical Research	DrPH	PhD	Primarily gained through required Courses	Secondarily gained through elective or other required courses
EPI 17	Manage datasets and select the appropriate approach to analyze data	✓	✓	✓				EPI 611, EPI 625, EPI 626	BST 626, EPI 612, EPI 630
EPI 18	Describe the exposure and disease data sources typically used by epidemiologists, and the sources' strengths and limitations	✓	✓	✓				EPI 610, EPI 611, EPI 625, ENH 600	EPI 606, EPI 612
EPI 19	State the importance and ramifications of accurately communicating the results of epidemiologic studies to the public	✓	✓	✓				EPI 610, EPI 611, MCH 695	EPI 605
EPI 20	Describe the roles of public health professionals in furnishing data relevant to epidemiologic issues	✓	✓	✓	✓			EPI 610, MCH 695	EPI 605, EPI 608
EPI 21	Describe the principles of public health surveillance	✓	✓	✓	✓			EPI 610	EPI 603, EPI 605, EPI 621, MCH 614
EPI 22	Describe the principles of conduct of clinical trials and experimental research	✓	✓	✓	✓			EPI 611	EPI 607, BST 625
EPI 23	Describe the environmental, occupational, and medical causes of disease, and the means of their study	✓	✓	✓				HCO 600, EPI 610	EPI 603, EPI 608, EPI 609, EPI 612, EPI 616, EPI 617
EPI 24	Describe the application of epidemiologic principles to the study of injury prevention	✓	✓	✓				EPI 610	EPI 603
EPI 25	Interpret mathematical models of epidemiologic phenomena such as transmission of infectious agents	✓	✓	✓				EPI 610	EPI 605
EPI 26	Describe research and practice approaches or methods that differ from those typically used in epidemiologic research in the U.S.		✓					EPI 697 MCH 608	EPI 601, EPI 605, EPI 608, EPI 621, ENH 609
EPI 27	Describe data management and analysis procedures appropriate for field work in resource-poor settings		✓					MCH 608	EPI 630
EPI 28	Describe the health problems most common in the world today, their causes and associated high-risk populations		✓					MCH 617	EPI 601, EPI 605, EPI 612, EPI 621, ENH 615, MCH 603, MCH 614
EPI 29	Describe the process of formulating and implementing public health programs in the international setting		✓					EPI 697 MCH 608	
EPI 30	Propose a research project in sufficient detail that a research committee can review it for scientific validity and for feasibility			✓				EPI 680, EPI 699	
EPI 31	Conduct a research project under the guidance of senior investigators			✓				EPI 680, EPI 699	

Appendix: Table 2.6.C (Epidemiology)

	Epidemiology Programmatic Competency Statement	MPH	MPH IHGS	MSPH Epi	MSPH Clinical Research	DrPH	PhD	Primarily gained through required Courses	Secondarily gained through elective or other required courses
EPI 32	Write and present a manuscript reporting research background, methods, results, discussion, and conclusions			✓				EPI 610, EPI 680, EPI 699	
EPI 33	State the principles of designing observational and interventional studies				✓			EPI 680	
EPI 34	Describe the principles, goals, and conduct of clinical trials				✓			EPI 607, BST 625	HCO 677, EPI 610
EPI 35	Describe approaches to the analysis of discrete and continuous data				✓			BST 611, BST 612	BST 655, BST 665, BST 670
EPI 36	Display epidemiologic data via tables, charts, and graphs, so that they can be easily understood				✓			BST 611, BST 612	BST 655, BST 665, BST 670
EPI 37	Describe common ethical issues relating to the use or abuse of epidemiologic data				✓			EPI 607	EPI 621, GRD 717
EPI 38	Verbally present epidemiologic data and its interpretation to a professional audience				✓			EPI 607, EPI 680, EPI 699	EPI 605
EPI 39	Manage datasets and select the appropriate approach to analyze data				✓			BST 611, BST 612, BST 625	BST 619
EPI 40	Describe the exposure and disease data sources typically used by epidemiologists, and the sources' strengths and limitations				✓			EPI 607, EPI 680	
EPI 41	Research an epidemiologic topic to find relevant published reports and papers					✓		EPI 610, EPI 708	EPI 606
EPI 42	Manage datasets and select the appropriate approach to analyze data					✓		EPI 625, EPI 626, EPI 798, EPI 799	
EPI 43	Describe research and practice approaches or methods that differ from those typically used in epidemiologic research in the U.S.					✓		MCH 608, EPI 799	
EPI 44	Formulate a proposal for a research study, present it, and revise it appropriately for implementation					✓		EPI 799	
EPI 45	Prepare, present, and defend a dissertation that includes research methods, results, discussion, and conclusions					✓		EPI 799	
EPI 46	Discuss and critique published epidemiologic studies and reports with regard to design choice, precision, bias, confounding, and ethical issues						✓	EPI 790	
EPI 47	Describe the genetic basis underlying many chronic diseases						✓	EPI 730, EPI 731	

Appendix: Table 2.6.C (Epidemiology)

	Epidemiology Programmatic Competency Statement	MPH	MPH IHGS	MSPH Epi	MSPH Clinical Research	DrPH	PhD	Primarily gained through required Courses	Secondarily gained through elective or other required courses
EPI 48	Understand molecular biology and its relevance to the epidemiology of human diseases						✓	EPI 788	
EPI 49	Demonstrate expertise in the statistical basis for the analysis of epidemiologic data						✓	EPI 709	
EPI 50	Be able to thoroughly analyze data collected in a follow-up (cohort) study						✓	EPI 720	
EPI 51	Be able to thoroughly analyze data collected in a case-control study						✓	EPI 710	
EPI 52	Analyze, interpret, and present epidemiologic data in an understandable fashion						✓	EPI 797	EPI 703, Teaching Assistantship
EPI 53	Demonstrate ability to teach epidemiologic concepts to master's – level students						✓	Teaching assistantship	
EPI 54	Write a grant proposal suitable for submission to the NIH or to another funding agency						✓	EPI 703	EPI 797, EPI 799
EPI 55	Design a dissertation research project (including hypothesis formulation, design choice, plan for data collection, etc.)						✓	EPI 798	
EPI 56	Propose and defend a plan for conducting a dissertation research project						✓	Dissertation proposal presentation	
EPI 57	With appropriate guidance, conduct a dissertation research project from design through analysis and interpretation, with oral presentation of results and preparation of a publishable manuscript						✓	EPI 799, Final Dissertation Defense	