

# DrPH Applied Research Project Approval Form

Student Number

Student Name

Please see ([DLSPH Doctor of Public Health](#)) for an explanation of the Applied Research Project. The proposal should be submitted by the January preceding the project and a summary report submitted by the project end date.

A. In a few sentences, provide a brief description of your Applied Research Project:

B. Please state the specific aims of your Applied Research Project:

C. Use the SMART Objective Framework to:

1. Agree that project aims listed in section B are sufficiently specific.
2. Define success of the project and how it will be measured.
3. Agree that the planned outcome is achievable.
4. Concur on the public health relevance of your project.
5. Concur that the time to define milestones and completion with report is aligned.

## 1. Institution, Agency, or Hosting Organization

Please provide full address details, and website.

## 2. Host Organization Mentor

a) Name, Title and Email of Supervisor

b) Administration Contact

c) Executive Summary of Host Organization Mentor(s) Experience

## 3. Administrative Details

a) Date of Applied Research Project:

b) In-Person or Virtual (explain):

c) Funding (Check all boxes that apply):  
Part of current primary employment  
Paid outside of prior employment  
Unpaid

d) Data sharing agreement necessary:  
Yes      No

**4. Please briefly state how your project may lead to:**

A) Potential Publication(s):

B) Potential dissertation topic:

**5. Research Ethics Board (REB)**

REB:      UofT      Other

Date of Application:

If not required, provide reason:

**6. Competency Development**

Rank each competency as 1-High Development Opportunity, 2-Moderate Development Opportunity, 3-Little or No Development Opportunity:

*Data and Analysis*

*Leadership, Management and Governance*

*Policy and Practice*

*Education and Workforce Development*

## 7. Application/ Translation of Output

How will the Applied Research Project be applied to current public health practice? (Limit 300 words).

## 8. Evaluation Schedule Agreed Upon

Mid Project review date:

End Project review date:

## Supplemental Material

Attach any PDF of any relevant supporting documentation that you have available, for example:

Detail of Project, e.g. Grant Summary  
REB Approval  
Project Budget

*I am aware of all relevant policies and regulations of my graduate unit, the School of Graduate Studies, and the University. I know where I can find these documents when needed.*

X

Signature of Student

X

Signature of Mentor in Sponsoring Organization

X

Signature of Program Director

X

Signature of Academic Supervisor