DOCTORAL PROGRAM
IN
HEALTH LEADERSHIP (DrPH)

Academic Policies, Guidelines, and Procedures

DEPARTMENT OF HEALTH POLICY AND MANAGEMENT
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

2017-2019 Academic Year
Revised August 2017
These Guidelines and Procedures describe rules, regulations, policies, and procedures for the Doctoral Program in Health Leadership (DrPH), as established by the Department of Health Policy and Management and by the actions of the Administrative Board of the Graduate School. Each student should become familiar with the material pertaining to this program, and, together with a faculty advisor, make certain that the selected plan of study complies with the pertinent requirements.

In any instance of discrepancy between these guidelines and the Graduate School Handbook, the Graduate School Handbook takes precedence. The Handbook is on the Web: http://handbook.unc.edu
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GENERAL INFORMATION

Program Goal
The goal of the program is to produce graduates with the motivation, knowledge, and skills – and the ability to use those skills effectively – to become top leaders committed to improving the public’s health.

This goal responds to the urgent need to develop better leaders to improve the health of the public both domestically and internationally. The Institute of Medicine’s landmark 1988 report, *The Future of Public Health* brought this need into sharp focus. The report concluded, “public health will serve society effectively only if a more efficient, scientifically sound system of practitioner and leadership development is established.” Since 1988, the Bureau of Health Professions, the Joint Council of Governmental Public Health Agencies, and the Centers for Disease Control and Prevention, among others, have called for improved training of top health leaders.

In 2003, the Institute of Medicine in two major reports renewed and strengthened its call for improved training of future health leaders. One of these reports, *The Future of the Public’s Health in the 21st Century*, recommended that “leadership training, support, and development should be a high priority.” The other report, *Who Will Keep the Public Healthy*, focused on “Educating Public Health Professionals for the 21st Century”, as its subtitle states. The report notes that much has changed since the original 1988 IOM report was issued, and these changes require modification and improvement of the education of top health leaders and other professionals. The report also notes that the DrPH degree should be designed specifically for advanced training in health leadership. The DrPH program pedagogy and curriculum respond to this need.

Students
The program is aimed at professionals working full-time in the U.S. and overseas with the potential and ambition to become senior health leaders. Examples include health directors, mid- to senior-career managers in government agencies, leaders within nonprofit, for-profit and non-governmental organizations, program officers and other mid-level or senior managers working for foundations, as well as others working within the health field, which may include entrepreneurs and individuals working in nontraditional settings affecting the health of the public.

The DrPH program is focused on developing leaders who will improve the public’s health in the United States and globally. Therefore, the curriculum is relevant to the United States and also addresses health leadership in the global context, and students come from the U.S. as well as from around the world. Because graduates will lead applied efforts to improve the public’s health, cohorts do not include individuals who intend to focus predominantly on research or aspire to academic teaching positions.

DrPH Program Governance
All responsibility for the academic conduct, standards, and requirements of the doctoral program rests with the faculty of the Department of Health Policy and Management through its duly appointed and elected officers and representatives, in accordance with other school and university policies.

Program Director
The Director of the DrPH program is responsible for all administrative affairs of the Program, including administration of academic conduct, standards, and requirements. In addition, the Director is responsible for recommending admissions and financial support, matching advisors with students, approving DrPH dissertation committee chairs and members, advising these committees on interpretation of policies and requirements, ruling on all petitions in accordance with School of Public Health and Graduate School guidelines, and fulfilling any other administrative duties or responsibilities delegated by the Department Chair.
Director: Pam Silberman, JD, DrPH  
Professor of the Practice  
Director, Executive Doctoral Program in Health Leadership  
Department of Health Policy and Management  
Senior Research Fellow, Cecil G. Sheps Center for Health Services Research  

Advisory Committee  
The DrPH Advisory Committee advises the Directors with regard to all issues related to the DrPH Program (e.g., admissions, curriculum). In addition to Dr. Silberman, the members are:  

Jeff DeCelles, EdM (DrPH Class of 2018)  
Senior Technical Advisor on Research & Curriculum  

Leah Devlin, DDS, MPH  
Professor of the Practice  
Department of Health Policy and Management  

Sandra B. Greene, DrPH  
Professor of the Practice of Health Policy  
Department of Health Policy and Management  
Senior Research Fellow, Cecil G. Sheps Center for Health Services Research  

Susan Helm-Murtagh, DrPH, MM (DrPH Class of 2009)  

Tyonna Hinson, DrPH, MSN, RN, NE-BC (DrPH Class of 2016)  
Director of International Medicine and Global Health Nursing  
The Children’s Hospital of Philadelphia  
Philadelphia, PA  

Mohamed Ismail, MD (DrPH Class of 2019)  
Regional Advisor, Tobacco Cessation and Alcohol Screening  
Preventive Medicine Department, Kaiser Permanente Riverside  

Kathleen (Katie) Kaney, DrPH (DrPH Class of 2013)  
Vice President of Outreach Development and Coordination  
Carolinas HealthCare System  
Charlotte, North Carolina  

Thomas C. (Tom) Ricketts, PhD  
Professor, Department of Health Policy and Management  
Deputy Director, Cecil G. Sheps Center for Health Services Research  

Rebecca Slifkin, PhD  
Associate Professor  
Department of Health Policy and Management  

Stephanie Watson-Grant, DrPH (DrPH Class of 2014)  
Deputy Director of Field Operations – MEASURE Evaluation Project  
Carolina Population Center
Graduate School Handbook.
Additional information on the governance of and regulations for doctoral study are contained in the Graduate School Handbook (http://handbook.unc.edu). Students are responsible for being familiar with its contents, and complying with rules, regulations, policies, procedures, and deadlines. The core regulations have been incorporated in part in these Guidelines and Procedures, but additional, essential regulations are given only in the Graduate School Handbook. In instances of discrepancy between these Guidelines and Procedures and the Graduate School Handbook, the Graduate School Handbook takes precedence.

Class Size
Up to fifteen students will be admitted annually.

Program Costs
Tuition costs vary year to year for in-state and out-of-state students. Please check with the Department of Health Policy and Management (HPM) Registrar, Lynnette Jones (lynnette_jones@unc.edu) for the most current tuition rates and fees. Students take approximately 18 credit hours in each of years 1 and 2, and in the following years, they take between six and 15 credits hours. In addition to tuition, students must provide their own computers and web cams per program specifications (information is provided to students separately and updated as necessary as the technology changes). Students will also be responsible for travel expenses related to three annual visits to campus (or an alternate location) in each of the first two years.

Financial Aid
For general University information about financial assistance, see http://studentaid.unc.edu and http://gradschool.unc.edu/fellowships_and_funding/index.html.

If you are in the military, the University's military tuition benefit is described at http://gradschool.unc.edu/pdf/mtb_application.pdf.

Information about residency status can be found at http://gradschool.unc.edu/residency.

Admission Requirements
- A prior master's degree or doctoral degree (not necessarily in public health).
- Significant post-graduate experience in the health field, including at least five years in a mid-to-senior level leadership position, preferably with substantial management responsibility.
- Demonstrated leadership potential, with motivation to obtain senior-level positions and to improve the public's health.
- Grade Point Average (GPA) of 3.0 or better in prior graduate study.

Scores in the 50th percentile or greater in the verbal and quantitative sections of the Graduate Record Exam Scores (GRE) or the Graduate Management Aptitude Test (GMAT). Scores must be no more than five years old. Note: We also consider scores on the written section of the GRE, as strong writing skills are critical for success in our program. With permission of the Graduate School, rare exceptions may be made in some cases for applicants with scores below the 50th percentile.
Applicants with professional doctoral-level degrees (MD, DDS, JD) from U.S. or Canadian schools are exempted from the GRE/GMAT.

While all students are expected to be academically qualified for doctoral level study, special emphasis is placed on work history, demonstrated leadership and a practice-oriented career commitment.

Also note: Students without a MPH or MSPH from an accredited school of public health must successfully complete five core courses (Biostatistics, Environmental Health, Epidemiology, Health Administration, and Social and Behavioral Science), all of which are offered online. These courses need not be completed before matriculating, but they must be completed concurrently with the three-year DrPH program in order for students to graduate.

DrPH Advising and Chairs of Dissertation
The program director serves as the faculty advisor for the program, and helps guide the students in interpreting course and program requirements and helps to identify potential dissertation chairs. Students generally identify dissertation chairs in the spring or summer of their first year, based on mutual scholarly interests (see more about the dissertation process below). The chair will guide the student in their dissertation research and help identify other dissertation committee members. In addition, the HPM Registrar is available to work with students on general program matters and course registration issues.

Program Design
In each of the first two years, students come to Chapel Hill for three to five days in mid-August, between fall and spring semesters (early January), and between spring and summer semesters (mid-May). At times, an alternate site may be chosen which may require travel outside the U.S. or North Carolina. Students are given ample time to make travel arrangements in these cases. Otherwise, learning takes place at homes and offices, away from the UNC campus. Students connect to faculty and peers mainly via computer. Students do not need to go to distance education sites such as videoconference centers to participate in the program.

We make substantial use of technologies (Internet Video, Adobe Connect, and Sakai) that allow students and faculty to interact productively and that support live video, audio, and data sharing. The technologies can also be used to connect guest speakers with students without having to bring everyone together in the same room. NOTE: Students must have a DSL or cable Internet connection. Dial-up connections will not work with our technology. Also note that some international students may incur an additional cost for teleconferencing during weekly class sessions. We use a telephone audio bridge – not voice over Internet – for the audio portion of our online classes.

The executive format functions as follows: During their first visit in August, students begin their studies with several days on campus during which they are oriented to the program, the Department, and the University. They also participate in group discussions with top health care and public health leaders. They are introduced to the remainder of the first semester curriculum and are trained in using the software. The students then return home for the balance of the semester.

Students receive material (recorded videos, narrative case studies, datasets, readings, etc.) via the Web each week. They study these materials on their own but must have completed required tasks before a regularly-scheduled class session when they will convene live via Internet Video. These three hour synchronous learning sessions are divided into the components of the curriculum and led by faculty members responsible for each component, sometimes including guest speakers.
First-year students meet for class on Tuesdays; second-year students meet for class on Wednesdays. Class times vary from cohort to cohort, depending upon the locations of students. However, typical connection times are 4-7pm EST. Third-year students registered for dissertation credit hours attend an optional monthly online video chat group meeting until they have successfully defended their doctoral dissertation.

Students return to Chapel Hill between semesters to conclude work on the preceding semester and begin work on the next semester's curriculum. This process is repeated throughout the first two years of the curriculum. All students move through the curriculum together at the same pace. Every DrPH course in the first two years is required of every student. Some students are expert at some elements of the curriculum, but every individual must nevertheless complete those elements. We want students to share their expertise with others in the cohort. We believe active interaction among students is an important part of good adult learning. The focus in the third year is on writing the dissertation, although students are also free to take two electives. We expect students to try their best to proceed through the program with their cohort and to defend their dissertation within five years of matriculation. At the discretion of the program director and dissertation chair, that timeframe may be extended, but in no event will students be permitted to extend their time more than eight years from matriculation.

Note that participation in the doctoral program requires attendance at six on-campus sessions during years 1 and 2 of the program. (It is possible that not more than once each year, the on-campus visit will take place in a location outside Chapel Hill, including elsewhere in the U.S. or abroad.) Exceptions will be made only in the case of 1) illness or death in the family, 2) mandatory organizational obligation (one time only), acknowledged in writing by employer. We understand that important professional and personal opportunities may conflict with scheduled on-campus sessions. However, priority must be given to attendance at on-campus sessions. Only in rare cases will other extraordinary circumstances be considered by the program director.

Similarly, on-time attendance is required at all weekly class sessions throughout years 1 and 2 of the program. Students are expected to arrange vacation and work-related travel plans to accommodate class session times. Failure to attend class sessions and/or on-campus (or scheduled off-site, in-person sessions held at alternative sites) as specified or chronic tardiness for class sessions will disqualify a student from continuation in the program. Classes are set up in sequence and each is offered only once a year. Therefore, if a student does not complete a class on schedule, he or she will have to wait one year before the course is offered again.

**ACADEMIC REQUIREMENTS**

**Competencies**
The UNC Doctoral Program in Health Leadership is designed to give students certain competencies through their coursework and the completion of their dissertation. Competencies define what students should know and be able to do upon completion of their degree program. Competencies guide our curriculum planning process and serve as a measure against which student achievement is assessed. The competencies offered in this program include foundational DrPH competencies identified by the Council on Education for Public Health (CEPH), and additional competencies designed to impart the skills and knowledge needed for a leadership concentration. These later competencies were identified by members of the DrPH Advisory Committee and feedback from past cohorts. Please refer to the competency matrix at the end of this document to review the learning experiences through which students in the DrPH develop and attain these competencies.
## Course Requirements
The program curriculum is summarized in the table below and in Appendix B. A checklist for degree requirements is included in Appendix C. Students in this degree program must also demonstrate core public health competencies, as described in the Gillings Schoolwide Handbook.

### DOCTORAL PROGRAM IN HEALTH LEADERSHIP (DrPH) CURRICULUM

#### Themes
(Credit hours in parentheses)

<table>
<thead>
<tr>
<th>Year 1, Fall</th>
<th>LEADERSHIP</th>
<th>PUBLIC HEALTH</th>
<th>RESEARCH*</th>
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<tbody>
<tr>
<td></td>
<td>HPM 820: Organizational Leadership Theory and Practice (2)</td>
<td>HPM 860: Population Perspectives for Health (1)</td>
<td>HPM 950: The Research Process (1)</td>
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<tr>
<td>HPM 810: Leadership in Public Health Law and Ethics (2)**</td>
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<tr>
<td>Spring</td>
<td>HPM 965: Cultural Awareness/Cultural Competence (1)**</td>
<td>HPM 966: Systems Thinking/Collective Impact (1)</td>
<td>HPM 953: Essentials of Practice-based Research (2) **</td>
</tr>
<tr>
<td>HPM 823: Leadership in Global Health Systems (1)**</td>
<td>HPM 969: Program Planning and Design (1)</td>
<td>HPM 951: Literature Review &amp; Appraisal (2)</td>
<td></td>
</tr>
<tr>
<td>Summer</td>
<td>HPM 958: Financial Leadership (3)</td>
<td>HPM 964: Implementation Science (1)</td>
<td>HPM 945: Dissertation Preparation and Planning I (2)</td>
</tr>
<tr>
<td>Year 2, Fall</td>
<td>HPM 994: Doctoral Dissertation (3)</td>
<td>HPM 994: Doctoral Dissertation (3)</td>
<td>HPM 994: Doctoral Dissertation (3)</td>
</tr>
<tr>
<td>Spring</td>
<td>HPM 957: Leading Organizational Change (1)</td>
<td>HPM 759: Health Policy Analysis and Advocacy for Leaders (2)***</td>
<td>HPM 947: Dissertation Preparation and Planning III (1)</td>
</tr>
<tr>
<td>HPM 959: Strategic Management in Health Leadership (2)</td>
<td>HPM 967: Quality Improvement (1)</td>
<td></td>
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<tr>
<td>Summer</td>
<td>HPM 962: Marketing &amp; Public Relations for Health Leaders (2)</td>
<td>HPM 940: Leadership in Health Informatics (1)****</td>
<td></td>
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<tr>
<td>HPM 968: Human Resources (1)</td>
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* First year research courses help with dissertation proposal preparation. Second year courses focus on conducting the dissertation.

** Also under “Public Health.”

*** Also under “Research.”

**** Also under “Leadership.”
**Practicum**
DrPH students are expected to engage in one or more applied practice experiences in which they are responsible to complete at least one project that is meaningful for an organization and to advance public health practice. The practicum provides students an opportunity to apply the knowledge and skills being acquired through their coursework and further develop and demonstrate attainment of program competencies. Relevant organizations include governmental, non-governmental, non-profit, industrial, or for-profit settings, and may be the student’s own work setting. The work product may be a single project or a set of related projects that demonstrate depth of competence. It may be a discrete experience or integrated into program coursework.

The practicum must be approved, in advance, by the program director, and must cover a minimum of five foundation and/or concentration-specific competencies. At least one must be from the leadership, management and governance domain or from the health leadership domain. The practicum deliverable must incorporate a reflective component, that describes the students personal or professional reactions to their applied experience. Students can accomplish this through a journal entry or other written product, or another deliverable as approved by the program director.

Students can identify projects in the following classes to meet their practicum requirement, if the project identified is an application of the classroom learning to a “real world” setting (including the student’s worksite, or for another external organization):

- HPM 759: Health Policy Analysis and Advocacy for Leaders
- HPM 966: Systems Thinking/Collective Impact*
- HPM 963: Program Evaluation
- HPM 969: Program Planning and Design*
- HPM 964: Implementation Science*
- HPM 967: Quality Improvement*
- HPM 962: Marketing and Public Relations

*Note: Students can select a project that spans multiple classes, and use that as their practicum.

**Policy on Repeating Course Enrollments**
Although rare, there are instances where a student in HPM does not successfully complete a required course on the first attempt. In the event that this occurs, the following procedures will apply:

**Step 1.** The student will meet with the instructor of the required course to determine whether it is appropriate and feasible for the student to repeat the same course. If the instructor determines the course is repeatable without any special modifications (e.g., alternative assignments or assessments that are not consistent with those required of other students in the course), and repeating the course does not create a significant hardship for the student (e.g., conflict with another required course) or instructor, then the student will re-enroll in the course in a subsequent semester. If the student believes repeating the course would create a hardship for any reason, the case will proceed to step four below.

**Step 2.** If the course is repeatable, but requires modification of any assignments or assessments (for example, because assignments or assessments are re-used and the student has access to the answers; prompts for writing assignments are re-used and the student has previously written a paper on the same topic), and the instructor is willing to make such modifications, the student and the instructor will agree to alternative assignments and/or assessments. The terms of the agreement should be documented and signed by both the instructor and the student. An e-mail exchange in which both parties agree is sufficient. This documentation should be provided to the student
services office so that it can be included in the student’s dossier. The student will re-enroll in the course in a subsequent semester and complete the course as modified in the agreement.

**Step 3.** If the course is not repeatable as determined by the instructor, but there is an approved substitute available that does not conflict with other required courses in the student’s schedule, the student will enroll in the approved substitute and notify the program director. The HPM student services office maintains a list of approved substitutes. The instructor may approve a substitute course that is not on the list with agreement from the program director; however, the HPM course exemption process maintained by student services must be followed.

**Step 4.** If the instructor and the student cannot come to agreement for any reason, the case will be reported to the program director and referred to the HPM Academic Appeals and Reinstatement Committee ("the Committee") for resolution. The Committee will solicit information from the student, the instructor, the program director, student services and others as needed. This information may include, but is not limited to, the availability of any approved or potential substitute courses. The decision of the HPM Academic Appeals and Reinstatement Committee is final, and the student, instructor and program director will proceed as instructed by the Committee. The program director and student, in collaboration with student services, are responsible for implementing the resolution.

**Reinstatement and Readmission Procedure for Graduate Students**

Students who receive nine credit hours of L (low pass), or who fail one course (F) are academically ineligible to continue in the program. If they want to continue, they must petition for reinstatement.

**Reinstatement Procedures**

In the event that a student's performance in the program leads to academic ineligibility to continue, the following policy applies:

“When a Health Policy and Management graduate student is made academically ineligible, s/he may petition the department for reinstatement by submitting the “Request for Reinstatement to Graduate School Form” to the department chair. The chair convenes the department’s Student Appeals Committee to review the student’s request.

The Student Appeals Committee is chaired by a full professor and includes the associate department chair and one additional member of the faculty. In situations where any of these individuals would have a conflict of interest, the committee chair will consult with the department chair to assign another faculty member(s) to the committee.

The committee gathers all relevant information from the instructor(s) who assigned the grade(s) that made the student ineligible, the student, and others.

The committee makes a recommendation to the chair to endorse or decline to endorse the student’s request for reinstatement, but the final decision is made by the chair and is forwarded to the Graduate School. Final approval rests with the Graduate School.”

Students should also refer to The Graduate School Handbook for the grade appeals process (http://handbook.unc.edu/grading.html)

**Readmission Procedures**

Students are expected to continue with the doctoral program without interruption. If a break from the 3-year sequence occurs for any reason, we cannot guarantee that a return to the program can be accommodated. If a break in program participation results in withdrawal from the program, a student may be permitted to reapply and be readmitted at the program director's discretion. Such action is
also subject to approval from the Graduate School. The appropriate form must be completed by the student and submitted to the program director.

Readmission application forms can be found on the UNC Graduate School form site at: http://gradschool.unc.edu/forms/.

Culminating Experience
The DrPH program requires two culminating experiences, the successful completion of a written comprehensive exam and a dissertation.

Written Comprehensive Examination
A written comprehensive examination is administered at the end of the second year of the program. The examination integrates key concepts from the overall program curriculum. Students have forty-eight hours in which to take the exam. Specific details about the examination are provided to students at least one week before the exam is scheduled to take place. Note that this and all other examinations are given under the University Honor Code. Students are expected to read, understand, and follow the policies set forth in the Instrument of Student Judicial Governance (http://www.unc.edu/student/policies/isjg). A Department-specific policy governing the comprehensive exam is contained in a separate document available from the HPM registrar.

Dissertation
The DrPH dissertation is the ultimate academic test of a student's competency. It requires the student to apply key aspects of the curriculum to improving the understanding of or resolving an important public health-related administrative or policy issue.

The dissertation should demonstrate the candidate’s mastery of the skills and knowledge required to lead an important health-related program, to create a substantial change in policy for the public's health, or to develop new methods that accomplish either of these two goals. The dissertation should be of publishable quality in either the scholarly literature or applied literature in health care delivery or public health.

Dissertation Committee
Students must have a 5-member dissertation committee. The chair must be a faculty member in Health Policy and Management. Two other committee members must be faculty members within the Gillings School of Global Public Health (they can be, but are not required to be, from the Department of Health Policy and Management). The three SPH faculty members must also be regular graduate faculty or be specially appointed regular graduate faculty. See: http://gradschool.unc.edu/policies/faculty-staff/faculty/. The other two committee members can be either from UNC or can be practitioners with relevant experience to the dissertation. Students can petition to have practitioners who are not on the UNC faculty appointed as fixed term graduate faculty for purposes of participating on a dissertation.

Guidelines for the Dissertation
Students have flexibility in designing a dissertation project, but all will highlight a potential strategy for addressing a current or past health policy or organizational issue or problem. The dissertation will outline a plan to guide implementation of organizational or policy change. The objective of the DrPH dissertation is to combine research with an understanding of the role of leadership in creating an implementation plan to improve the public’s health.

Students have two options for dissertation formatting. One is the traditional, single monograph DrPH dissertation. The second option is to prepare three manuscripts for
Publication, tying them together with opening and closing chapters for submission to the UNC Graduate School. Those who are interested in the three-paper option should consult with the program director, dissertation chair, and their dissertation committee members to determine whether or not the alternative is feasible and desirable in their case. Choosing between the traditional DrPH dissertation format and the three-paper option requires consideration of the number of research questions that merit separate treatment in stand-alone manuscripts. There should be agreement at the end of a successful oral proposal defense as to what the format will be. The three-paper option is not appropriate for all students, and the choice of whether or not to use this option does not reflect the quality of the dissertation.

**IRB**

The School of Public Health’s Institutional Review Board on Research Involving Human Subjects (IRB) ([http://research.unc.edu/ohre/](http://research.unc.edu/ohre/)) must review all research involving human subjects (including dissertations and class research projects). Students must submit to the IRB, even if the planned research may be exempt as defined for certain human subjects research by the Code of Federal Regulations. Only the IRB can determine whether research is exempt. It is essential to receive IRB approval prior to beginning research. Approval is not given retroactively for any research.

The University requires that all faculty, staff and students who are engaged in the planning, conduct or analysis of research at UNC-Chapel Hill involving human subjects complete an online training module. **This training must be completed before beginning work on the dissertation.** It is recommended that this module be completed during the first semester in the Doctoral Program. A link to the online training module and details about the module can be found at [http://ohre.unc.edu/educ.php](http://ohre.unc.edu/educ.php). The Collaborative IRB Training Initiative (CITI) at [https://www.citiprogram.org/default.asp](https://www.citiprogram.org/default.asp) (direct link to the sign-in page for the module) is a web-based training package on issues relating to human subjects research. The CITI website is maintained by the University of Miami, with content developed by a national consortium. CITI contains modules on topics like informed consent, vulnerable populations, ethical principles and IRB regulations. Each module has a short quiz at the end to assess understanding. Thousands of institutions worldwide are using CITI for their mandatory training.

**Conflict of interest**

The University requires students engaged in research to successfully complete an online training on conflict of interest every four years [https://ramses.research.unc.edu/coi-training/](https://ramses.research.unc.edu/coi-training/). Students who are engaged in research for their dissertation which involves people, resources, or intellectual property associated with their workplace may have a financial conflict of interest. The student will be required to disclose that potential conflict to the University, and may need to work out a management plan with the University to manage their potential conflict.

### Outline of traditional DrPH dissertations

**Chapter 1: The Topic.** The topic must be innovative and significant. “Innovative” means the dissertation must either identify new approaches to existing or past problems or apply existing approaches to new problems. “Significant” means that the dissertation’s implementation plan must have the potential to create one or more important improvements in the health of the public, or that the identification and understanding of past failures and successes illuminates principles of organizational change or policy implementation that have application in improving future health policy.
Focus: Most dissertations will focus on either:

- A change at the top level of an organization or a set of organizations that improves the organizations’ ability to improve the public’s health; or
- Policy development and implementation at the local, regional, state, or national level aimed at improving the public’s health

Researchable: The topic must be able to be stated as a research question.

Chapter 2: Literature Review. The dissertation must produce a scholarly analytical synthesis that demonstrates the student’s ability to critically evaluate the relevant literatures on leadership and organizational or policy change as they relate to understanding the issue or problem and identifying alternative courses of action.

Chapter 3: Methodology. This chapter identifies and describes the appropriate tools to study the issue being examined. The methods used in the dissertation fall under the general rubric of “mechanisms for social change” and may include one or more of the following, as is appropriate for the topic: quantitative data analysis, including large data sets; qualitative analysis; or policy analysis. Policy analysis should include an analysis of the problem (needs statement), establishment of goals and evaluation criteria, identification of alternative policies to address the problem, evaluation of the alternative policies using the evaluation criteria, and a description of the implementation and evaluation plans.

Chapter 4: Results. This chapter describes what was found as a result of studying the issue using the methods described in Chapter 3.

Chapter 5: The Plan for Change (e.g., Implementation Plan). This section is the centerpiece of the DrPH dissertation and should be comprehensively detailed. This chapter presents an explicit strategy for addressing the issue with a focus on the resources, players, and contextual parameters affecting the change and should include a proposed evaluation methodology. Students should identify an appropriate framework to ground their plan for change. For example, students who are trying to change their own organizational policies or practices may choose to use Kotter’s 8 steps for transforming organizations. Others, who want to change public policies may use a policy advocacy framework. Others who want to implement best practices identified during the dissertation may choose to use an implementation framework. Students may use more than one type of change framework for their plan for change. The plan for change should be built around this change framework, and include both the components the student can implement him or herself, as well as the components of the plan that others will need to help implement.

Other topics covered in the curriculum (communications, informatics, policy analysis, social forecasting, scheduling, negotiation, assessment, planning, assurance, public relations, marketing, and evaluation) should be incorporated as applicable. The plan for change should combines the various elements of the curriculum in a coherent and comprehensive strategy for making organizational or policy change.

Chapter 6: Discussion. This chapter explains how the plan will improve the public’s health if implemented, incorporating the principles identified in the analysis in Chapter 5. It identifies any drawbacks/limitations and explains why the advantages outweigh the disadvantages. It also describes the plan’s potential for further dissemination.
Outline of 3-Paper Option DrPH Dissertations

Chapter 1: The Topic and Literature Review. The topic must be innovative and significant as with the traditional dissertation. Note: The chair and/or committee may want this to be split into more than one Chapter, with a more extensive methodology section than what is included in your manuscripts for publication (e.g., Chapters 2-4).

The literature review must be an analytical synthesis that demonstrates the student’s ability to critically evaluate the relevant literatures on leadership and organizational or policy change as they relate to understanding the issue or problem and identifying alternative courses of action. The literature review should provide the detailed literature critique that is not usually included in empirical journal articles.

Focus: Most dissertations will focus on either:
- A change at the top level of an organization or a set of organizations that improves the organizations’ ability to improve the public’s health; or
- Policy development and implementation at the local, regional, state, or national level aimed at improving the public’s health

Researchable: The topic must be able to be stated as a research question.

Chapters 2-4: One manuscript per chapter. Each manuscript should be a journal length paper that is written and formatted according to target journal requirements.

Chapter 5: The Plan for Change (Implementation Plan). This section is the centerpiece of the DrPH dissertation and should be comprehensively detailed. This chapter presents an explicit strategy for addressing the issue with a focus on the resources, players, and contextual parameters affecting the change and should include a proposed evaluation methodology. Students should identify an appropriate framework to ground their plan for change. For example, students who are trying to change their own organizational policies or practices may choose to use Kotter’s 8 steps for transforming organizations. Others, who want to change public policies may use a policy advocacy framework. Others who want to implement best practices identified during the dissertation may choose to use an implementation framework. Students may use more than one type of change framework for their plan for change. The plan for change should be built around this change framework, and include both the components the student can implement him or herself, as well as the components of the plan that others will need to help implement.

Other topics covered in the curriculum (communications, informatics, policy analysis, social forecasting, scheduling, negotiation, assessment, planning, assurance, public relations, marketing, and evaluation) should be incorporated as applicable. The plan for change should combines the various elements of the curriculum in a coherent and comprehensive strategy for making organizational or policy change.

Chapter 6: Discussion. This chapter explains would synthesize findings across dissertation papers and discuss their implications for future research, practice, and/or policy. Additional discussion would include how the plan will improve the public’s health if implemented, incorporating the principles identified in the analysis in Chapters 2-4. It identifies any drawbacks/limitations and explains why the advantages outweigh the disadvantages. It also describes the plan’s potential for further dissemination.

Appendices: For details not included in the Chapters 2-4 journal articles, but necessary for the detail traditionally included in a dissertation, students should use additional appendices.

For all dissertations, a committee of at least five persons approved by the Graduate School evaluates the quality of the dissertation. The committee is chaired by an HPM tenure track or Graduate School approved fixed-term faculty member (“Specially appointed regular graduate faculty member”) and consists of at least four other persons. Two of these other persons must be a tenure track or approved fixed-term faculty member in the School of Public Health. Other members of the committee may be drawn from elsewhere within the University. Also, persons from outside the University may serve on dissertation committees with the approval of the Chair of the Department of Health Policy and Management and the Graduate School. These persons will be granted adjunct faculty status in HPM for the duration of their service on dissertation committees.

The committee reviews and approves the dissertation proposal, provides guidance to the student in conducting the dissertation, and ultimately judges whether the dissertation meets the criteria for a scholarly work as outlined above. Specific areas of concern include the significance and appropriateness of the issue chosen, the appropriateness and execution of any conceptual model identified, the methodology used, whether the results logically follow from the findings, the completeness and feasibility of the proposed implementation strategy and evaluation plan.

For all dissertations, the committee should be able to answer relevant questions about the dissertation, such as:

Overall Dissertation Evaluation Criteria:
- Considered as a whole, is the dissertation, its methods and findings, significant and innovative?
- Is the literature review thorough and applicable, and has it been synthesized effectively?
- Are relevant leadership theories cited and explained?

Needs or Problem Statement:
- Is the need for the project clearly identified?

Goals and Evaluation Criteria:
- Does the dissertation include a description of policy goals and relevant evaluation measures (e.g., cost, resources needed to implement, feasibility of implementation, political feasibility)?

Generating Alternative Options:
- Does the dissertation identify appropriate options that could be used to address the problem?

Data or Policy Analysis:
- Have appropriate research and data analysis methods been employed? (For example, has the student used appropriate quantitative, qualitative, or policy analysis methods to evaluate competing options?)
• Does the project describe how populations and communities will be affected by the change? Are the pros and cons in terms of effect on populations thoroughly analyzed?
• Are considerations of the ethical implications of the change adequate and appropriate?

Implementation Plan (“Plan for Change”):
(Students should address some or all of the following, as appropriate to the dissertation):
• What resources (financial, human and other) are/were needed to implement and maintain the change?
• Has the student grounded their plan for change in an appropriate change framework?
• Have the effects of the laws and policies that bear on this issue been adequately addressed?
• Are/Were the relevant policy makers and stakeholders identified? What are/were their positions? Has the student described a plan to obtain stakeholder support and/or reduce stakeholder opposition?
• Is/Was the proposed schedule for the plan for change realistic? Does/Did it make sense in the context of the project’s budget and resources?
• Have the appropriate policy analyses, social forecasts, assessments, negotiations, communications, and other applications methods been identified and integrated appropriately into the plan? Are the marketing and public relations plans sound? For projects focusing on historical policies, have these facets been examined?

NOTE: Most students are not able to implement their plan for change before they defend their dissertation. Thus, the dissertation committee members must assess of the potential “real world” utility of the plan for change, and whether it can be implemented in the future.

Dissertation chairs have some leeway in the actual format of the final oral dissertation defense. However, the following process is typical:

**Doctoral Defenses -- Procedures**

1. Convene the defense with introductions (as needed), greetings/welcome, and procedure/plan for defense
2. Hold optional closed Executive Session of Committee to clarify any remaining initial concerns before commencing defense.
3. Candidate’s presentation, 20-30 minutes. Questions from Committee/audience should be held to end, unless for clarification only.
4. Committee members should be provided copies of any slides; three-per-page and b&w only generally OK.
5. Questions to Candidate first from Committee, then audience, or
6. Questions to Candidate first from audience, then from Committee, either in (a) open or (b) closed session.
7. Candidate excused from room following all questions.
8. Hold closed Executive Session of Committee to discuss the dissertation and the defense; additional requirements, if any; and outcome.
9. Invite Candidate back into the meeting and brief on the outcome
10. If successful defense, obtain signatures on Doctoral Dissertation completion form and dissertation cover sheets.
11. Detailed feedback by Doctoral Committee Chair immediately, or within 1-2 days, regarding any corrections, necessary changes, elaborations, and any additional work required for dissertation.

12. Assure that Committee delegates authority to Chair to determine whether or not the necessary revisions are successfully completed.

**Chair responsibilities for the Defense:**

1. Assure that all Committee members are on board ahead of the final defense. If a favorable outcome, albeit with minor changes or elaborations, is not a forgone conclusion then do not hold defense.
2. Run defense efficiently, fairly, and comprehensively.
3. Take notes during defense of all Committee member (and audience) questions in order to provide feedback to Candidate. This is particularly important regarding corrections, changes, elaborations, and any additional work required.
4. Celebrate completion and congratulate completion of doctoral studies!

Note: Candidates must be registered during the semester they defend. If the student plans to defend during the summer, he or she must be registered for dissertation credit hours during the summer session.

(Source: John Paul, PhD)

**Progress Report for Students Enrolled in Dissertation Hours (HPM 994)**

Students registered for HPM 994 must complete a bi-annual progress report and submit it to their dissertation chair and the DrPH program director at the end of June and December every year. It is the student's responsibility to keep their dissertation chair and DrPH program director informed of their progress and any situations that cause deviations from their dissertation timeline. There is no specialized form on which to submit the report; students are expected to send the information via a detailed email message covering the items noted below. (Note: It is generally good practice to keep in touch with the chair more regularly than once a semester. What is listed here is the minimum requirements.)

For students who have not defended their dissertation proposal, the annual progress report should include specific progress on their dissertation proposal during the past year, timeline for scheduling their dissertation proposal defense and an explanation of delays in progress.

For students who have defended their dissertation proposals, the annual progress report should include the date of the dissertation proposal defense, names of dissertation committee members and progress to date on dissertation research, including status of the IRB application, data collection and overall status of work compared to the dissertation timeline.

*Students are expected to move in lock-step with their cohort and to defend their dissertation within three-four years of matriculation. Extension of the program beyond five years is not guaranteed and is subject to the discretion of the program director and dissertation chair. When there are extenuating circumstances, it may be possible to extend work in the program to not more than eight years from matriculation.*

Should the dissertation chair determine that sufficient progress has not been made, a grade of L (low pass) or F (fail) for HPM 994 may be assigned. Failure to provide progress reports to the
dissertation chair and program director or repeated failure to make sufficient progress may result in removal from the program. In the event that a student's performance in the program leads to academic ineligibility to continue, the student must follow the reinstatement procedures as outlined in “Reinstatement and Readmission Procedure for Graduate Students” (DrPH Handbook pg.9) if he/she wishes to be considered for reinstatement.

ETHICS, DISCRIMINATION, INSTITUTIONAL REVIEW BOARD, AND HIPAA

Ethics and Honor Code
The Policies and Procedures chapter of the Graduate School Handbook contains detailed information about amorous relationships, illegal drugs, ethics, the Family Educational Rights and Privacy Act, the Honor Code, non-discrimination, racial and sexual harassment, and the alcohol policy.

Harassment and Discrimination
The University’s Policy on Prohibited Harassment and Discrimination prohibits discrimination or harassment on the basis of an individual’s race, color, gender, national origin, age, religion, creed, disability, veteran’s status, sexual orientation, gender identity or gender expression (http://policies.unc.edu/files/2013/04/PPDHRM.pdf). The policy document provides specific information for students who believe that they have been discriminated against or harassed on the basis of one or more of these protected classifications.

Students who want additional information regarding the University’s process for investigating allegations of discrimination or harassment should contact the Equal Opportunity/ADA Office for assistance:
Equal Opportunity & Compliance Office
The University of North Carolina at Chapel Hill
100 E. Franklin Street, Unit 110
Campus Box 9160
Chapel Hill, North Carolina 27599
Telephone: (919) 966-3576
Fax: (919) 962-2562
Email: equalopportunity@unc.edu

Any administrator or supervisor, including a department chair, associate dean or other administrator, who receives a student's complaint about prohibited harassment or discrimination must notify the Equal Opportunity/ADA Office within five (5) calendar days of receiving the complaint. If a student raises a claim of prohibited harassment or discrimination during an academic appeal, an investigation of the student’s claim must be performed under the direction of the Equal Opportunity/ADA Office. The school or department must await the results of the harassment or discrimination investigation before deciding the student’s academic appeal.

Institutional Review Board (IRB) and Research Involving Human Subjects
The University’s Office of Human Research Ethics (http://ohre.unc.edu/) is responsible for protecting human subjects and oversees the School of Public Health’s Institutional Review Board (IRB). The School’s IRB must review all research involving human subjects (including dissertations and class research projects). As described on page 10, students must submit to the IRB, even if they believe that their research may be exempt as defined for certain human subjects research by the Code of Federal Regulations. Only the IRB can determine whether research is exempt.

It is essential to receive approval prior to beginning research. Approval will not be given retroactively for any research. Additionally, in the not-so-distant future, the University will track the IRB status of
all dissertations and theses submitted to fulfill degree requirements; those not approved/reviewed will not be accepted for graduation.

**Conflict of Interest**
Additionally, all UNC Gillings School of Global Public Health faculty, staff and students involved in research must complete Conflict of Interest (COI) training. COI is a set of situations in which financial or personal considerations, circumstances, or relationships may compromise, may involve the potential for compromising, or may have the appearance of compromising an individual's objectivity in the pursuit of their research, teaching or administrative duties. The bias that such conflicts may impart can affect many decisions – including the collection, analysis, interpretation of data, the sharing of research results, the choice of research protocols, the use of statistical methods and the mentoring and judgment of student work.

The training will inform the individual of the University’s policies on conflict of interests, individual disclosure responsibilities and the federal regulations on financial conflict of interests. Training must be reviewed and completed at least every four years. Log in at: [http://coi-training.unc.edu](http://coi-training.unc.edu).

The Gillings School COI Committee will assist in identifying, managing, reducing or eliminating COI related to your dissertation work. For COI management questions, visit [http://sph.unc.edu/research/ris/sph-conflict-of-interest-committee/](http://sph.unc.edu/research/ris/sph-conflict-of-interest-committee/).

**HIPAA**
The Health Insurance Portability and Accountability Act (HIPAA), which regulates the exchange of health information that is often critical to research, became law in 1996. HIPAA privacy regulations do not replace existing human research participant protections. Rather, HIPAA presents additional requirements. The regulations apply to personal, health and demographic information in the records of health care providers, health plans and health care clearinghouses (so-called "covered entities)," which include the UNC Health Care System, the School of Medicine and other health care providers such as private clinics and hospitals. These entities will refuse to share health records without demonstrated HIPAA conformity, such as a patient's signed authorization or a waiver of authorization from the researcher's Institutional Review Board (IRB). Researchers whose work involves clinical trials, patient surveys, retrospective chart reviews, patient database mergers or other information from medical records should therefore know the HIPAA regulations. Online training is available at [http://research.unc.edu/offices/research-compliance-program/privacy/](http://research.unc.edu/offices/research-compliance-program/privacy/).

**By the end of the first semester** each student should obtain training in the University’s approved ethics training course. The OHRE website [http://research.unc.edu/offices/human-research-ethics/getting-started/training/](http://research.unc.edu/offices/human-research-ethics/getting-started/training/) provides instructions about how to obtain ethics training and certification. After completing the online course, the student will be listed in the UNC Human Research Ethics Training Database. Should an actual certificate of training be required, this can automatically be generated from this database. The database can be accessed from the same OHRE URL listed above.

The length of time needed to complete the IRB approval process depends on the type of dissertation research. For example, approval of secondary data analysis or a study involving minimal risk to human subjects may be approved relatively quickly (e.g., within a week or two). Approval for collecting sensitive data about human subjects may require several revisions before IRB approval is granted (e.g., 1-2 months). If dissertation research will involve PHI, then a student may also be required to complete HIPAA training. Information about HIPAA can be found at this URL: [http://research.unc.edu/offices/research-compliance-program/privacy/](http://research.unc.edu/offices/research-compliance-program/privacy/).

Therefore, plan ahead so that the research is not delayed. In general, the process is:

1. Complete the proposal.
2. Submit completed IRB application online. See the DrPH Program Sakai site (Helpful Resources) for IRB IT contact information to include in your IRB application. This should be submitted either immediately after successfully defending the proposal, or after it is in relatively final form. Note: If significant modifications are made to the proposal, then IRB approval of the modification is required.

The IRB for the School of Public Health is the Non-Biomedical IRB (Committee E). For questions about the IRB process or how to complete particular aspects of the application, please contact the IRB office at 919-966-3113 or by email, irb_questions@unc.edu. For technical questions about online submission of IRB applications, contact David Tegnell at IRBIS Help Desk, 919-966-3685. To check the status of your review, go to irbis.unc.edu.

FORMS

Required Forms
A number of forms must be completed and submitted to the Graduate School during the doctoral program. All required forms are available from the HPM Registrar. Students should check with the Registrar to ensure that the appropriate forms are filed on their behalf and at the appropriate times. **Students are responsible for initiating and ensuring follow through for all relevant forms. ALL FORMS SHOULD BE SUBMITTED TO THE HPM REGISTRAR, Lynnette Jones (lynnette_jones@email.unc.edu, CB# 7411, School of Public Health, HPM, UNC-Chapel Hill, 27599). STUDENTS SHOULD NOT SUBMIT FORMS DIRECTLY TO THE GRADUATE SCHOOL.**

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<tr>
<th>Report</th>
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<tbody>
<tr>
<td>1. <strong>Curriculum vitae</strong></td>
<td>Each year</td>
<td>Student</td>
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<tr>
<td>2. <strong>Preliminary Doctoral Written Examination</strong></td>
<td>Taking written comprehensive exams</td>
<td>Program Director</td>
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<td>3. <strong>Doctoral Committee Composition</strong></td>
<td>Assembling a dissertation committee</td>
<td>Student</td>
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<td>Note: When applicable, students are responsible for submitting forms to have non-UNC faculty appointed to the Graduate School to serve on their committees.</td>
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<tr>
<td>4. <strong>Approved Dissertation Project</strong></td>
<td>Defending the dissertation proposal (first oral examination)</td>
<td>Student</td>
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<tr>
<td>5. <strong>Oral Examination</strong></td>
<td>Defending the dissertation proposal (first oral examination)</td>
<td>Committee Chair</td>
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<tr>
<td>6. <strong>IRB Approval</strong></td>
<td>Getting IRB approval</td>
<td>Student</td>
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<tr>
<td>7. <strong>Application for Graduation</strong></td>
<td>Completing all requirements (except dissertation defense), about 3 months before graduation</td>
<td>Student</td>
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<tr>
<td>8. <strong>Final Oral Examination</strong></td>
<td>Defending the final dissertation</td>
<td>Committee Chair</td>
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1. **Curriculum Vitae:**
   **Filed by July 1 of each year:** Students must provide a copy of their current curriculum vitae to their advisor and to the DrPH Program Director. The curriculum vitae should describe students’ research, teaching, and service activities.
2. **Report of Preliminary Doctoral Written Examination**
   (Part I: Doctoral Exam Report Form)
   **Filed after taking written comprehensive exams:** This form reports the results of the written comprehensive exam, and is filed regardless of whether the outcome of the examination is a pass or fail. The Director of the DrPH Program is responsible for filing this form for DrPH students.

3. **Report of Doctoral Committee Composition**
   (Part I: Report of Doctoral Committee Composition & Report of Approved Dissertation Project)
   **Filed after assembling a dissertation committee:** The doctoral dissertation committee must be approved by the Director of the DrPH Program, the chair of the dissertation committee, and the Graduate School. Often this form is completed at the same time as the oral defense of the dissertation proposal. The student is responsible for filing this form with the HPM Registrar.

4. **Report of Approved Dissertation Project**
   (Part II: Report of Doctoral Committee Composition & Report of Approved Dissertation Project)
   **Filed after defending the dissertation proposal (first oral examination):** The dissertation committee signs this form indicating approval of the proposed dissertation project. The working title of the dissertation is filed with the Graduate School. The student is responsible for filing this form with the HPM Registrar.

5. **Report of Oral Examination**
   (Part II: Doctoral Exam Report Form)
   **Filed after defending the dissertation proposal (first oral examination):** This form reports the results of the dissertation proposal defense, and is filed regardless of whether the student passes or fails the examination. The Graduate School does not consider a student to have passed the oral examination, and therefore to be eligible for doctoral candidacy, until it receives this report. The dissertation committee chair is responsible for filing this form.

6. **IRB Approval**
   **Filed after defending the dissertation proposal:** See section on IRB.

7. **Application for Graduation**
   **Filed after completing all requirements (except dissertation defense), about 3 months before graduation (please check University calendar for the exact filing date):** Degrees are awarded three times a year; May, August, and December. A student who expects to finish soon must notify the department and the Graduate School of her/his intention to graduate by submitting an application for graduation on a specific date. A student will not be eligible for graduation until a copy of the approved dissertation, properly formatted, is received by the Graduate School. (Note: students need to submit their dissertation directly to the graduate school, not to Lynnette Jones, the HPM registrar).

8. **Report of the Final Oral Examination**
   (Part III: Doctoral Exam Report Form)
   **Filed after defending the final dissertation:** The final oral examination takes place at the time of the dissertation defense. The dissertation committee chair is responsible for filing this form.
**Additional Forms**

**Change of Advisor Request:**

This form is filed whenever the student requests a change in a dissertation committee member.

**GRADUATION**

**Submission of Final Dissertation to Graduate School**

Students must submit a completed copy of their dissertation to the graduate school by the submission deadline (which will vary depending on when the student is planning on graduating). There is a check list, formatting information, and information on the submission process on the Graduate School site at: [http://gradschool.unc.edu/academics/thesis-diss/guide/submission.html](http://gradschool.unc.edu/academics/thesis-diss/guide/submission.html).
## APPENDIX A: Degree Specific Competencies

**Department:** HPM  
**Degree:** DrPH

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<tr>
<th>Competencies</th>
<th>Course Number and Name</th>
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<td><strong>Data and Analysis</strong></td>
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<td>1. Explain qualitative, quantitative, mixed methods and policy analysis research and evaluation methods to address health issues at multiple (individual, group, organization, community and population) levels</td>
<td>HPM 953/956 Essentials of Practice-based Research (P)</td>
<td>HPM 963 Program Evaluation for Health Leaders (P)</td>
<td>HPM 945-947 Dissertation Planning and Prep (P)</td>
<td>HPM 860/950 Population Perspectives for Health/ The Research Process (R)</td>
<td>HPM 964 Implementation Science (R)</td>
<td>HPM 951 Literature Reviews &amp; Appraisal (R)</td>
<td>Dissertation</td>
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<td>2. Design a qualitative, quantitative, mixed methods, policy analysis or evaluation project to address a public health issue.</td>
<td>HPM 759 Public Policy Development &amp; Advocacy (P)</td>
<td>HPM 945-947 Dissertation Planning and Prep (P)</td>
<td>HPM 963 Program Evaluation for Health Leaders (P)</td>
<td>HPM 953/956 Essentials of Practice-based Research (P)</td>
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<td>Dissertation</td>
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<td>3. Explain the use and limitations of surveillance systems and national surveys in assessing, monitoring, and evaluating policies and programs and to address a population's health</td>
<td>HPM 967 Quality Improvement (P)</td>
<td>HPM 860/950 Population Perspectives for Health/ The Research Process (R)</td>
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<td>4. Propose strategies for health improvement and elimination of health inequities by organizing stakeholders, including researchers, practitioners, community leaders and other partners</td>
<td>HPM 969 Program Planning (P)</td>
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<td>HPM 820 Leadership Theory and Practice (R)</td>
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<td>HPM 957 Leading Organization Change in Crisis (R)</td>
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<td>HPM 951 Literature Reviews &amp; Appraisal (R)</td>
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<td>HPM 964 Implementation Science (R)</td>
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<td>5. Communicate public health science to diverse stakeholders, including individuals at all levels of health literacy, for purposes of influencing behavior and policies</td>
<td>HPM 962 Marketing and PR for Health Leadership (P)</td>
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<td>HPM 860/950 Population Perspectives for Health/The Research Process (R)</td>
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<td>HPM 810 Leadership in Public Health Law and Ethics (R)</td>
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<td>6. Integrate knowledge, approaches, methods, values and potential contributions from multiple professions and systems in addressing public health programs</td>
<td>HPM 966 Systems thinking (P)</td>
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<td>HPM 820 Leadership Theory and Practice (R)</td>
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<td>HPM 962 Marketing and PR for Health Leadership (P)</td>
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<td>8. Facilitate shared decision making through negotiation and consensus building methods</td>
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<td>HPM 759 Public Policy Development &amp; Advocacy (R)</td>
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<td>9. Create organizational change strategies</td>
<td>HPM 957 Leading Organizational Change in Crisis (P)</td>
<td>HPM 940 Leadership in Health Informatics (R)</td>
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<td>HPM 820 Leadership Theory and Practice (R)</td>
<td>HPM 964 Implementation Science (R)</td>
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<td>10. Propose strategies to promote inclusion and equity within public health programs, policies and systems</td>
<td>HPM 965 Cultural Awareness &amp; Competence (P)</td>
<td>HPM 860 Population Perspectives for Health (P)</td>
<td>HPM 810 Leadership in Public Health Law and Ethics (R)</td>
<td>HPM 968 Human Resources (R)</td>
<td>HPM 969 Program Planning (R)</td>
<td>HPM 963 Program Evaluation for Health Leaders (R)</td>
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<tr>
<td>11. Assess one’s own strengths and weaknesses in leadership capacities including cultural proficiency</td>
<td>HPM 820 Leadership Theory and Practice (P)</td>
<td>HPM 965 Cultural Awareness &amp; Competence (P)</td>
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<td>HPM 860/950 Population Perspectives for Health/ The Research Process (R)</td>
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<td>12. Propose human, fiscal, and other resources to achieve a strategic goal</td>
<td>HPM 820 Leadership Theory and Practice (P)</td>
<td>HPM 968 Human Resources (P)</td>
<td>HPM 958 Financial Leadership (P)</td>
<td>HPM 957 Leading Organization Change in Crisis (P)</td>
<td>HPM 959 Strategic Management in Health Leadership (R)</td>
<td>HPM 964 Implementation Science (R)</td>
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<tr>
<td>13. Cultivate new resources and revenue streams to achieve a strategic goal</td>
<td>HPM 959 Strategic Management in Health Leadership (P)</td>
<td>HPM 957 Leading Organization Change in Crisis (P)</td>
<td>HPM 958 Financial Leadership (P)</td>
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<p>| Policy &amp; Programs                                                            |                                                                                         |                                                                                         |                                                                                         |                                                                                         |                                                                                         |                                                                                         |                          |
| 14. Design a system-level intervention to address a public health issue       | HPM 969 Program Planning (P)                                                            | HPM 966 Systems Thinking (P)                                                            | HPM 945-947 Dissertation Planning and Prep (P)                                         | HPM 953/956 Essentials of Practice-based Research (R)                                   | HPM 957 Leading Organization Change in Crisis (R)                                       | HPM 963 Program Evaluation for Health Leaders (R)                                     | Dissertation              |</p>
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<th>Course Number and Name</th>
<th>Course Number and Name</th>
<th>Other Learning Experiences</th>
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<tbody>
<tr>
<td>15. Integrate knowledge of cultural values and practices in the design of public health policies and programs</td>
<td>HPM 969 Program Planning (P)</td>
<td>HPM 945-947 Dissertation Planning and Prep (P)</td>
<td>HPM 860/950 Population Perspectives for Health/ The Research Process (R)</td>
<td>HPM 964 Implementation Science (R)</td>
<td>HPM 965 Cultural Awareness &amp; Competence (R)</td>
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<td>HPM 823 Ethics and Global Context (R)</td>
<td>HPM 810 Leadership in Public Health Law and Ethics (R)</td>
</tr>
<tr>
<td>16. Integrate scientific information, legal and regulatory approaches, ethical frameworks, and varied stakeholder interests in policy development and analysis</td>
<td>HPM 759 Public Policy Development &amp; Advocacy (P)</td>
<td>HPM 810 Leadership in Public Health Law and Ethics (P)</td>
<td>HPM 951 Literature Reviews &amp; Appraisal (R)</td>
<td>HPM 860/950 Population Perspectives for Health/ The Research Process (R)</td>
<td>HPM 956 Fundamental s of Research and Analysis (R)</td>
<td>HPM 957 Leading Organization al Change in Crisis (R)</td>
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<td>HPM 968 Human Resources (R)</td>
</tr>
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<td>17. Propose interprofessional team approaches to improving public health</td>
<td>HPM 966 Systems Thinking (P)</td>
<td>HPM 820 Leadership Theory and Practice (R)</td>
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<th>Education &amp; Workforce Development</th>
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<tr>
<td>18. Assess an audience's knowledge and learning needs</td>
</tr>
<tr>
<td>19. Deliver training or educational experiences that promote learning in academic, organizational, and community settings</td>
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<tr>
<td>20. Use best practice modalities in pedagogical practice</td>
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<td>Competencies</td>
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<tr>
<td><strong>Concentration Competencies</strong></td>
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<tr>
<td>21. Integrate ethics and professionalism into organizational and community settings</td>
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<tr>
<td>22. Apply systems thinking approaches to learn about and inform collaborative action targeting complex public health problems</td>
</tr>
<tr>
<td>23. Apply the principles of implementation research and practice to successfully integrate evidence-based public health practices into community settings</td>
</tr>
<tr>
<td>24. Use quality improvement techniques to evaluate and improve health systems, programs and practices</td>
</tr>
<tr>
<td>25. Develop policy advocacy strategies at the legislative, administrative, or judicial levels to influence health policies</td>
</tr>
<tr>
<td>26. Assess informatics needs in organizations and community-based settings to improve population health</td>
</tr>
</tbody>
</table>

P=Primary, R=Reinforcing.
APPENDIX B: ACADEMIC SCHEDULE AND COURSE SEQUENCE: 2017-2019 (COHORT 13)

FALL 2017 (CLASSES ON TUESDAY NIGHTS FROM 4:00-7:00 EST)
HPM 810: Leadership in Public Health Law and Ethics (2 credit hours)
HPM 820: Leadership Theory and Practice (2 credit hours)
HPM950: The Research Process (1 credit hour)
HPM 860: Population Perspectives for Health (1 credit hour)

Registration (Registrar will notify)
Campus Visit August 13 - 17, 2017
First Day of Classes (online) August 22, 2017
Last Day of Classes (online) December 5, 2017

SPRING 2018 (CLASSES ON TUESDAY NIGHTS FROM 4:00-7:00 EST)
HPM 966: Systems Thinking/Collective Impact (1 credit hour)
HPM 951: Literature Review and Appraisal (2 credit hours)
HPM 953: Essentials of Practice-based Research (2 credit hours)
HPM 965: Cultural Awareness and Competeency (1 credit hour)

Registration (Registrar will notify)
Campus Visit January 2-5, 2018
First Day of Classes (online) January 9, 2018
Last Day of Classes (online) April 24, 2018

SUMMER 2018: CLASSES DURING SUMMER ON TUESDAY NIGHTS FROM 4:00-7:00 EST
HPM 945: Dissertation Preparation and Planning I (2 credit hours)
HPM 969: Program Planning and Design (1 credit hour)
HPM 823: Global Health (1 credit hour)
HPM 963: Program Evaluation (2 credit hours)

Registration (Registrar will notify)
International Visit (London) April 29-May 4, 2018
First Day of Classes (online) May 22, 2018
Last Day of Classes (online) August 7, 2018
APPENDIX B (continued)
Tentative Academic Schedule and Course Sequence: 2017-2019 (Cohort 13)

FALL 2018 (CLASS ON WEDNESDAYS)
HPM 956: Fundamentals of Research Analysis (3 credit hours)
HPM 958: Financial Leadership in the Era of Sarbanes-Oxley (3 credit hours)
HPM 964: Implementation Science (1 credit hour)

Registration (Registrar will notify)
Campus Visit August 14 - 17, 2018
First Day of Classes August 22, 2018
Last Day of Classes (online) December 5, 2018

SPRING 2019 (CLASS ON WEDNESDAYS)
HPM 759: Health Policy Analysis and Advocacy for Leaders (3 credit hours)
HPM 967: Quality Improvement (1 credit hour)
HPM 957: Leading Organizational Change (1 credit hours)
HPM 959: Strategic Management in Health Leadership (2 credit hours)

Registration (Registrar will notify)
Campus Visit January 2-5 (Sat.), 2019
First Day of Classes January 9, 2019
Last Day of Classes (online) April 24, 2019

SUMMER 2019 (CLASSES ON WEDNESDAYS)
HPM 947: Dissertation Preparation and Planning III (1 credit hour)
HPM 962: Marketing and PR for Health Leaders (2 credit hours)
HPM 940: Leadership in Health Informatics (1 credit hour)
HPM 968: Human Resources (1 credit hour)

Registration (Registrar will notify)
Campus Visit May 14 - 17, 2019
First Day of Classes May 22, 2019
Last Day of Classes (online) August 7, 2019

FALL 2018 – SUMMER 2019 (NOTE: STUDENTS ONLY NEED TO REGISTER FOR DISSERTATION CREDIT HOURS IN FALL AND SPRING, UNLESS PLANNING TO DEFEND PROPOSAL OR DISSERTATION IN SUMMER).
HPM 994: Doctoral Disseration (3 credit hours)
Elective course #1 (optional)
Elective course #2 (optional)

Registration (Registrar will notify)
**APPENDIX B: ACADEMIC SCHEDULE AND COURSE SEQUENCE: 2017-2018 (COHORT 12)**

**FALL 2017 (CLASSES WEDNESDAYS FROM 4:00-7:00 EST)**
HPM 956: Fundamentals of Research Analysis (3 credit hours)
HPM 958: Financial Leadership (3 credit hours)

Registration (Registrar will notify)
Campus Visit August 14 - 17, 2017
First Day of Classes (online) August 23, 2017
Last Day of Classes (online) December 6, 2017

**SPRING 2018 (CLASSES WEDNESDAYS FROM 4:00-7:00 EST)**
HPM 759: Health Policy Analysis and Advocacy for Leaders (3 credit hours)
HPM 967: Quality Improvement (1 credit hour)
HPM 959: Strategic Management in Health Leadership (2 credit hours)
HPM 957: Leading Organizational Change (1 credit hours)

Registration (Registrar will notify)
Campus Visit January 2-5, 2018
First Day of Classes (online) January 10, 2018
Last Day of Classes (online) April 25, 2018

**SUMMER 2018: CLASSES DURING SUMMER ON WEDNESDAYS FROM 4:00-7:00 EST**
HPM 947: Dissertation Preparation and Planning III (1 credit hour)
HPM 962: Marketing and PR for Health Leaders (2 credit hours)
HPM 963: Program Evaluation for Health Leaders (2 credit hours)
HPM 968: Human Resources (1 credit hour)

Registration (Registrar will notify)
International Visit (London) April 29-May 4, 2018
First Day of Classes (online) May 23, 2018
Last Day of Classes (online) August 8, 2018

**FALL 2017 – SUMMER 2018**
HPM 994: Doctoral Disseration (3 credit hours)
Elective course #1 (optional)
Elective course #2 (optional)
## APPENDIX C: Degree Requirements Checklist

<table>
<thead>
<tr>
<th>Theme</th>
<th>Course #</th>
<th>Course Title / Description</th>
<th>Hrs</th>
<th>Date Completed</th>
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<td>Leadership</td>
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<td>Literature Review &amp; Appraisal</td>
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**Summer, Year 1**

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**Spring, Year 2**

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**Summer, Year 2**

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**Year 3**

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<th>Hrs</th>
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<td>Research</td>
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<tr>
<td>Electives</td>
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<td>Fall: Data collection completed</td>
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<td>Draft Chapter 4: Results</td>
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<td>Draft Chapter 5: Plan for Change</td>
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<td>Type 2</td>
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<td>Summer: Dissertation defense</td>
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<td>COMPLETED DISSERTATION MUST BE SUBMITTED TO GRADUATE SCHOOL TO GRADUATE</td>
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Total credits 46-52