



Academic Health Department Learning Community Profile Multiple Organizational Affiliations

The [Academic Health Department \(AHD\) Learning Community](#) serves as a venue for shared exploration of the [AHD concept](#) and collaborative learning around the AHD model. Creation of a Learning Community profile will allow you to introduce yourself to other Learning Community members and to share your AHD-related experiences. An example of a profile can be viewed [here](#).

This form was developed for public health professionals who are affiliated with both an academic health professions institution* and a public health practice organization. If you are affiliated with a single academic or practice organization or are not affiliated with such an organization, please use the [Single/No Organizational Affiliation form](#).

Your answers to the following questions will form the basis for your profile. Please save your answers and email the completed form to Kathleen Amos at kamos@phf.org.

Personal Information

1. Name and Affiliations (please provide this information as you would like it to appear in your profile):

Name:

Academic Degree(s)/Professional Certification(s):

Academic Organization:

Academic Title(s):

Practice Organization:

Practice Title(s):

2. Primary Contact Information:

Street Address:

City:

State:

Zip:

Phone:

Email:

Please attach a photograph of yourself if you would like one to be included in your profile.

* Academic health professions institutions are those housing schools or programs in public health, medicine, nursing, dentistry, environmental health, health education, or any of a variety of other health fields.

Institutional Experience

3. How large is the public health practice organization in which you work?

1-25 people

25-99 people

100-499 people

500-999 people

1,000-9,999 people

10,000 or more people

Unsure

4. What type of geographic area is served by the public health practice organization in which you work (please select all that apply)?

Urban

Rural

Suburban

Frontier

We are interested in learning more about relationships between academic institutions and practice organizations.

5. Does your academic health professions institution* or public health practice organization have relationships, either with each other or with other academic health professions institutions* or public health practice organizations, characterized by (please select all that apply):

Formal written partnership agreements

Shared personnel

Shared resources

Compensation for services provided

Collaborative public health education/training

Joint research projects

Shared provision of public health services

None of the above

Other relationships (please specify):

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6. If you indicated in question 5 that your academic or practice organizations have such relationships, what are the main purposes of these relationships (please select all that apply)?

Public health education/training

Public health research

Public health service provision

Does not apply

Other (please specify):

7. Do your academic or practice organizations participate in any academic health department (AHD) partnerships?

Yes

No

Have in the past, but not currently

Unsure

8. If you answered YES to question 7, please list the names of the organizations involved and the years the partnership(s) were formed.

9. Is your academic organization currently working to form an AHD partnership?

Yes

No

Unsure

10. Is your practice organization currently working to form an AHD partnership?

Yes

No

Unsure

11. Have either of your organizations produced written materials (e.g., partnership agreements, memoranda of understanding, reports) or other resources that may help others develop, sustain, or expand AHDs that you are willing and able to share with the Learning Community?

Yes (please attach these materials)

No

Unsure

12. Is there anything else you would like to share with the Learning Community about your organizations' AHD-related activities?

Personal Experience

13. How many years have you worked in the public health field?

14. What is your current work setting (please select all that apply)?

Academic institution

Governmental public health

Community/migrant health center

Healthcare services

Hospital

Nonprofit organization

Private industry

Other (please specify):

15. Are you or have you been involved in building relationships between academic health professions institutions* and public health practice organizations?

Yes

No

Unsure

16. Are you or have you been involved in the development of an AHD?

Yes

No

Unsure

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17. Please tell the Learning Community a little bit about yourself and your interest in AHDs. This might include relevant previous professional positions and organizations, professional association involvement, education/training, specialty areas, research interests, job responsibilities, or other pertinent experiences.

18. Is there anything else you would like to share with the Learning Community about your experience with or interest in AHDs?

19. Is there anything else you would like to share with us about your interest in the Learning Community?

Closing

20. Are you willing to have this profile information made publicly available through the Council on Linkages Between Academia and Public Health Practice website?

Yes

No

Please save this profile form and email it along with any additional materials, such as photographs, documents (e.g., partnership agreements, memoranda of understanding, reports), or other AHD-related resources, to Kathleen Amos at kamos@phf.org.