**West Chester University**

**College of Health Sciences**

**Department of Health**

**MPH Program**

**Applied Learning Experience (ALE) Site Supervisor Approval Form**

The ALE Site Supervisor Approval Form needs to be submitted to the ALE Faculty Supervisor before the start of students’ assignment to the site. Once the Site Supervisor has been approved, a new form should be completed every two years. A current resume can be attached to the form.

**Name/Title:** Click here to enter text.

**Organization:** Click here to enter text.

**Address:** Click here to enter text.

 Click here to enter text.

 Click here to enter text.

**Telephone:** Click here to enter text.

**Email:** Click here to enter text.

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**Education**: List degree(s) obtained and the conferring institution(s).

Click here to enter text.

 **Employment History:** Briefly outline your professional employment history, with number of years of experience.

 Click here to enter text.

 **List skills that will help you be an effective site supervisor**:

Click here to enter text.

Click here to enter text. Click here to enter a date.

**ALE Site Supervisor Signature**  **Date**