



Capstone Handbook

CAPSTONE PROJECT—PROPOSAL FORM

Student Name:	Elaheh (Ely) Niroomand			
Student C Number:	C05800959			
Student Email:	Exn141@med.miami.edu			
Capstone Project Site:	Palm Beach County Medical Society			
Community Partner Name:	Elaine Alvarez			
Community Partner Email:	ew_alvarez@yahoo.com			
Capstone Faculty Advisor:	Dr. Julia Belkowitz			
Capstone Project Title:	Medical Curriculum on Adverse Childhood Experiences and Trauma Informed Care in Medical Practice			
Capstone Project Dates:	Start: 9/2017	End : 8/2018	Semester: Fall 2017, Spring 2018	

Accompanying this form, students must submit their Capstone Project Proposal (see template). This is a brief, detailed description of their proposed Capstone Project after completing the EPH680 Capstone Field Experience. The topic and approach for the Capstone Project will be developed by the student in collaboration with their Community Partner and approval from the Capstone Faculty Advisor. This form must be approved/signed by the Community Partner and Capstone Faculty Advisor. Please attach the required proposal information and circulate with this form for signature. Once approved, this form and the proposal should be sent electronically to the Capstone Manager.

APPROVED BY:

Slaire allare	12/	10/9/17
Community Partner Signature	0	Date
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Faculty Advisor Signature		Date