



**School of Education
 Department of Human Studies
 Community Health and Human Services Program**

Health Education Certificate Application

Full Name: _____ Date: _____
 Last First M.I.

Address: _____

Phone: _____ Cell: _____ Email: _____

Semester Applying for: _____

Are you a U.S. Citizen? Yes / No Is your terminal degree from the U.S.? Yes / No

PLEASE LIST PREVIOUSLY EARNED DEGREES

UNIVERSITY	CITY	STATE	TYPE OF DEGREE EARNED	DATE EARNED

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this applications leads to my acceptance in the Graduate Certificate Program, I understand that false of misleading information in my application may result in the loss of the certification.

I hereby authorize the release of the information to third parties. NOTE: Unless waived, all information obtained is protected under the Educational Rights and Privacy Act of 1074.

SIGNATURE: _____ Date: _____

Note: This certificate does NOT certify you to teach in the public schools. To teach in the public schools, you must become a certified teacher and have completed a teacher education degree program.

****PLEASE ATTACH A CURRENT RESUME AND SHORT ESSAY ABOUT CAREER GOALS/HOW YOU WILL USE CERTIFICATION WITH THIS APPLICATION****

Please e-mail the completed application to the CHHS Program Coordinator:
 Dr. Laura Forbes ltalbott@uab.edu