

PUBLIC HEALTH NURSE READY CERTIFICATE APPLICATION

APPLICANT INFORMATION

Name:

Print name as you want it to appear on the certificate:

Phone:

E-mail:

Mailing address for certificate:

City:

State:

ZIP Code:

Nursing Degree:

Highest Degree:

CORE REQUIREMENTS: (complete all courses in this section)

Orientation to Public Health (NYNJ 201)	Date Completed:
Exploring Cross-Cultural Communication (NYNJ 042)	Date Completed:
Field Epidemiology (UACPHP 206)	Date Completed:
Health Literacy and Public Health (NYNJ 089)	Date Completed:
Public Health Nursing Standards and Credentials: What's Happening with Public Health Nursing? (UASPH-PHL051707)*	Date Completed: *Certificate Faxed:
Public Health & Public Policy (UASPH-PHL111606)*	Date Completed: *Certificate Faxed:
Healthy Places Leading to Healthy People: Community Engagement Improves Health for All (UNC-051107a)*	Date Completed: *Certificate Faxed:

ELECTIVES: (choice of 5 hours)

Introduction to Public Health Surveillance (NCCPHP-EPIE4.1)* ~ .5 hours	Date Completed: *Certificate Faxed:
Introduction to Assessment (NCCPHP-PHE01)* ~ 1 hour	Date Completed: *Certificate Faxed:
Practicing Cross-Cultural Communication - select one of the four modules <ul style="list-style-type: none"> • NYNJ-068a. Hepatitis A Outbreak Module ~ 1.5 hours • NYNJ-068b. The Bamboo Dragon Module ~ 1.5 hours • NYNJ-068c. Community Health Worker Module ~ 1.5 hours • NYNJ-068d. Flood Module ~ 1.5 hours 	Date Completed:
From Evidence to Practice (EBPH-075)* ~ 3 hours	Date Completed: *Certificate Faxed:
Strategies for Improving Public Health Communication (NYNJ-089b) ~ 1.5 hours	Date completed:
Messenger Chronicles: Effective Communication Strategies for Difficult Conversations (NYNJ-0182) ~ 1 hour	Date completed:
Public Health Works and the Future of Public Health (UASPH-PHL031707)* ~ 1 hour	Date Completed: *Certificate Faxed:

YOU MUST FAX A COPY OF YOUR NURSING LICENSE WITH THE APPLIATION

I verify that I am registered with the Selective Service. (Males only) Yes No

I authorize the verification of the information provided on this form.

Signature of applicant:

Date:

*For courses where we are unable to verify course completions, you may be asked to fax a hard copy of your course completion certificate.

Once you have fulfilled the requirements, please email or fax **completed application, copy of nursing license and copies of necessary certificates** to:

*Dawn Bleyenbura, Assistant Director
Center for Public Health Continuing Education, University at Albany School of Public Health
dbleyenbura@uamail.albany.edu, 518-402-0339 (ph), 518-402-1137 (fax)*