



## **Application for Public Health Administrator Certification**

Thank you for considering the certification process offered by the Public Health Practitioner Certification Board. We look forward to receiving your application.

Before you apply for certification you must have the following minimum requirements:

1. A bachelor's degree from an accredited college or university.
2. At least three years of administrative and three years supervisory experience in the public or private health sector (these can occur during the same time period).

Things to know about the application:

1. You will be asked to provide evidence of fulfilling specific competencies through either experiential or through documented educational achievement or a combination of both.
2. All competencies must be fulfilled for the Board to accept the application for review.
3. You will need to provide a resume or CV.

# Application Cover Sheet

Name \_\_\_\_\_

Position/Title \_\_\_\_\_

Agency/Organization \_\_\_\_\_

Address for Correspondence     Home         Business

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Please list the most recent institution, first.

College/University	Degree (e.g. BS, BA, MA, PhD)	Graduation Date

Supervisory experience, job title(s) and dates

Administrative experience, job title(s) and dates

Yes, a copy of my resume is enclosed.

I will be submitting (please check one):

Experiential Evidence         Educational Evidence         Combination of Both

The above statements and the accompanying documentation are true and correct to the best of my knowledge. By signing this form, I attest to their validity.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# **EXPERIENTIAL EVIDENCE FORMS**

## **INSTRUCTIONS FOR DOCUMENTING EXPERIENTIAL EVIDENCE**

The documentation verifying your competency-based experience should be completed by attester(s) (credible individuals who are familiar with your work experience, who can verify competency and provide SPECIFIC EXAMPLES of activities in which you demonstrated a specific competency). The application requires that you do the following:

1. You should contact your attesters to ask them a) if they will attest to your competency-based experience and b) whether they would prefer to complete the forms with or without specific examples provided by you.
2. For each attester, complete the Attester Information Form and remember to provide one or two sentences about the nature of your relationship.
3. If the attester wants specific examples provided by you, then pre-fill the forms before you send them to the attester. (The attester may accept, edit and/or add examples of your experience).
4. You have the option to include an attester's completed forms in your application for review. You may delete the attester and their evidence completely if you don't feel that it provides sufficient evidence of your competency.

\* If you are submitting a hard copy application, you may copy these forms when more than one person is attesting to a single competency and write your name on each form. If the attester needs more space or wants to type up the responses on another sheet of paper, please ask him/her to note your name and the competency for which he/she is submitting evidence.

### ATTESTER(S) INFORMATION FORM

Name	Address/Phone
1.	
Relationship	
2.	
Relationship	
3.	
Relationship	
4.	
Relationship	
5.	
Relationship	

**Competency Area: PUBLIC HEALTH PRACTICE**

The applicant has an in-depth understanding of and/or extensive experience with the basic principles, tools and processes of public health practice, in terms of working with and through the various institutions, organizations, and individuals that contribute to carrying out public health's core functions and essential services in the community.

Thank you for agreeing to be an attester. Please confirm that the applicant has a high-level of competency in the area of *Public Health Practice* by commenting on each competency listed below. If the applicant has provided specific examples, please regard them as suggestions, which you may use or edit. If you can verify that the applicant has sufficient experience in a particular competency, then select "Yes" for that competency and provide specific examples. If your experience with the applicant is not sufficient to verify the competency, then select "No." If you do not have enough space below, use a separate sheet of paper and note the competency area name and number for each example. Sign this sheet and any extra sheets used.

<p>1. The applicant can describe what public health is, including its unique and important features, to general audiences.</p>	<p>Yes _____          No _____          (Unable to verify)</p>
<p>Specific Examples:</p>	
<p>2. The applicant understands and effectively applies measures of population health and illness, including risk factors, in community health improvement in community health improvement initiatives.</p>	<p>Yes _____          No _____          (Unable to verify)</p>
<p>Specific Examples:</p>	

<p>3. The applicant understands, identifies and implements public health and prevention strategies for prevalent health problems.</p>	<p>Yes _____  No _____  (Unable to verify)</p>
<p>Specific Examples:</p>	
<p>4. The applicant understands the role of law and government in promoting and protecting the health of the public and identifying specific functions and roles of governmental public health agencies in assuring population health.</p>	<p>Yes _____  No _____  (Unable to verify)</p>
<p>Specific Examples:</p>	
<p>5. The applicant understands how various organizations, positions, and roles contribute to carrying out public health's core functions and essential services.</p>	<p>Yes _____  No _____  (Unable to verify)</p>
<p>Specific Examples:</p>	

6. The applicant identifies measures and assesses components of the public health infrastructure in the community.	Yes _____ No _____ (Unable to verify)
Specific Examples:	
7. The applicant understands and applies principles derived from the basic public health sciences to planning, implementing, and evaluating public health interventions.	Yes _____ No _____ (Unable to verify)
Specific Examples:	

I hereby confirm the high-level competency of \_\_\_\_\_  
*Applicant's Name*

in the *Public Health Practice* concepts and skills listed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone number or  
E-mail address

**Competency Area: COMMUNITY HEALTH ASSESSMENT**

The applicant has an in-depth understanding of and/or extensive experience with the basic principles, tools, and methods of community health improvement processes.

Thank you for agreeing to be an attester. Please confirm that the applicant has a high-level of competency in the area of *Community Health Assessment* by commenting on each competency listed below. If the applicant has provided specific examples, please regard them as suggestions, which you may use or edit. If you can verify that the applicant has sufficient experience in a particular competency, then select "Yes" for that competency and provide specific examples. If your experience with the applicant is not sufficient to verify the competency, then select "No." If you do not have enough space below, use a separate sheet of paper and note the competency area name and number for each example. Sign this sheet and any extra sheets used.

<p>1. The applicant understands assessment in public health, including its unique and important features, to general audiences.</p>	<p>Yes _____          No _____          (Unable to verify)</p>
<p>Specific Examples:</p>	
<p>2. The applicant understands and effectively obtains, applies, and interprets measures of population health status that are commonly used in community health processes.</p>	<p>Yes _____          No _____          (Unable to verify)</p>
<p>Specific Examples:</p>	



<p>3. The applicant understands and effectively obtains, applies, and interprets measures of community capacity that are commonly used in community health improvement processes.</p>	<p>Yes _____  No _____  (Unable to verify)</p>
<p>Specific Examples:</p>	
<p>4. The applicant understands and effectively obtains, applies, and interprets qualitative measures of community health that are commonly used in community health improvement processes.</p>	<p>Yes _____  No _____  (Unable to verify)</p>
<p>Specific Examples:</p>	
<p>5. The applicant understands logic model development and application, demonstrating interrelationships among risk and protective factors for population health that are commonly used in community health improvement processes.</p>	<p>Yes _____  No _____  (Unable to verify)</p>
<p>Specific Examples:</p>	

6. The applicant utilizes research, evaluation and strategic planning tools commonly used in community health improvement processes and applies the results of these activities in deciding on an appropriate course of action.	Yes _____ No _____ (Unable to verify)
Specific Examples:	
7. The applicant understands, identifies and applies principles for community engagement and participation in community health improvement processes.	Yes _____ No _____ (Unable to verify)
Specific Examples:	

I hereby confirm the high-level competency of \_\_\_\_\_  
*Applicant's Name*

in the *Community Health Assessment* concepts and skills listed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone number or  
E-mail address

**Competency Area: PUBLIC HEALTH POLICY, ADVOCACY AND LAW**

The applicant has an in-depth understanding of and/or extensive experience with the basic principles, tools, and processes for policy development, advocacy and law in public health.

Thank you for agreeing to be an attester. Please confirm that the applicant has a high-level of competency in the area of *Public Health Policy, Advocacy and Law* by commenting on each competency listed below. If the applicant has provided specific examples, please regard them as suggestions, which you may use or edit. If you can verify that the applicant has sufficient experience in a particular competency, then select "Yes" for that competency and provide specific examples. If your experience with the applicant is not sufficient to verify the competency, then select "No." If you do not have enough space below, use a separate sheet of paper and note the competency area name and number for each example. Sign this sheet and any extra sheets used.

<p>1. The applicant can describe advocacy policy development in public health, including its unique and important features, to general audiences.</p>	<p>Yes _____          No _____          (Unable to verify)</p>
<p>Specific Examples:</p>	
<p>2. The applicant understands and effectively identifies and applies theories and approaches that drive public health policy-making for important public health issues.</p>	<p>Yes _____          No _____          (Unable to verify)</p>
<p>Specific Examples:</p>	

<p>3. The applicant understands and applies advocacy and agenda-setting principles to formulate public health policy.</p>	<p>Yes _____  No _____  (Unable to verify)</p>
<p>Specific Examples:</p>	
<p>4. The applicant applies principles of public health law and its legislative processes to formulate and implement public health policy.</p>	<p>Yes _____  No _____  (Unable to verify)</p>
<p>Specific Examples:</p>	
<p>5. The applicant applies principles of public health law and its regulatory processes to implement public health policy.</p>	<p>Yes _____  No _____  (Unable to verify)</p>
<p>Specific Examples:</p>	

<p>6. The applicant applies principles of public health law and its operational processes to implement public health policy.</p>	<p>Yes _____          No _____          (Unable to verify)</p>
<p>Specific Examples:</p>	
<p>7. The applicant understands the process of implementing and managing policy to achieve desired outcomes.</p>	<p>Yes _____          No _____          (Unable to verify)</p>
<p>Specific Examples:</p>	

I hereby confirm the high-level competency of \_\_\_\_\_  
*Applicant's Name*

in *Public Health Policy, Advocacy and Law* concepts and skills listed above.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Phone number or  
 E-mail address

**Competency Area: PROGRAM DEVELOPMENT AND EVALUATION**

The applicant has an in-depth understanding of and/or extensive experience with the principles, tools, and processes for developing and evaluating public health programs.

Thank you for agreeing to be an attester. Please confirm that the applicant has a high-level of competency in the area of *Program Development and Evaluation* by commenting on each competency listed below. If the applicant has provided specific examples, please regard them as suggestions, which you may use or edit. If you can verify that the applicant has sufficient experience in a particular competency, then select "Yes" for that competency and provide specific examples. If your experience with the applicant is not sufficient to verify the competency, then select "No." If you do not have enough space below, use a separate sheet of paper and note the competency area name and number for each example. Sign this sheet and any extra sheets used.

<p>1. The applicant can describe program development and evaluation in public health, including its unique and important features, to general audiences.</p>	<p>Yes _____          No _____          (Unable to verify)</p>
<p>Specific Examples:</p>	
<p>2. The applicant can plan public health programs.</p>	<p>Yes _____          No _____          (Unable to verify)</p>
<p>Specific Examples:</p>	

3. The applicant can develop public health programs.	Yes _____ No _____ (Unable to verify)
Specific Examples:	
4. The applicant can implement public health programs.	Yes _____ No _____ (Unable to verify)
Specific Examples:	
5. The applicant can design and evaluate public health programs.	Yes _____ No _____ (Unable to verify)
Specific Examples:	

6. The applicant can evaluate outcome and cost implications of public health programs.	Yes _____ No _____ (Unable to verify)
Specific Examples:	
7. The applicant can evaluate the impact of public health programs on different populations and cultures and can use evaluation results to make evidence-based program decisions.	Yes _____ No _____ (Unable to verify)
Specific Examples:	

I hereby confirm the high-level competency of \_\_\_\_\_

*Applicant's Name*

in the *Program Development and Evaluation* concepts and skills listed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone number or  
E-mail address



**Competency: PUBLIC HEALTH ADMINISTRATION**

The applicant has an in-depth understanding of and/or experience with the principles, tools and process of public health management and administration.

Thank you for agreeing to be an attester. Please confirm that the applicant has a high-level of competency in the area of *Public Health Administration* by commenting on each competency listed below. If the applicant has provided specific examples, please regard them as suggestions, which you may use or edit. If you can verify that the applicant has sufficient experience in a particular competency, then select "Yes" for that competency and provide specific examples. If your experience with the applicant is not sufficient to verify the competency, then select "No." If you do not have enough space below, use a separate sheet of paper and note the competency area name and number for each example. Sign this sheet and any extra sheets used.

1. The applicant understands public health administration, including its unique and important features.	Yes _____ No _____ (Unable to verify)
Specific Examples:	
2. The applicant understands and effectively analyzes the fundamental structure and operation of public health organizations, including their workforce, legal basis, ethical foundations, and performance characteristics.	Yes _____ No _____ (Unable to verify)
Specific Examples:	

<p>3. The applicant applies principles of public health information systems to identify and address problems and challenges facing public health organizations</p>	<p>Yes _____  No _____  (Unable to verify)</p>
<p>Specific Examples:</p>	
<p>4. The applicant applies principles of public health management and administration to identify and address community health problems and priorities.</p>	<p>Yes _____  No _____  (Unable to verify)</p>
<p>Specific Examples:</p>	
<p>5. The applicant applies principles and tools of resource management, including human and financial resource management, to identify and address problems facing public health organizations.</p>	<p>Yes _____  No _____  (Unable to verify)</p>
<p>Specific Examples:</p>	

6. The applicant applies principles of effective marketing and communications to identify and address problems facing public health organizations.	Yes _____ No _____ (Unable to verify)
Specific Examples:	
7. The applicant applies principles of effective leadership in order to create a shared vision within a public health organization and foster partnerships that maximize achievement of public health goals.	Yes _____ No _____ (Unable to verify)
Specific Examples:	

I hereby confirm the high-level competency of \_\_\_\_\_  
*Applicant's Name*

in the *Public Health Administration* concepts and skills listed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone number or  
E-mail address

# ACADEMIC EVIDENCE FORMS

## INSTRUCTIONS FOR DOCUMENTING ACADEMIC OR CONTINUING EDUCATION (CE) AND/OR TRAINING EVIDENCE

1. If using ONLY academic evidence for a Competency Area, list at least 45 contact hours of graduate level courses and upper level undergraduate courses. Where a sufficient number of formal academic courses/contact hours are not available to substantiate the competencies in any given area, CE courses/training activities and the related number of contact hours can be included. To calculate contact hours for courses: 1 semester hour = 15 contact hours; 1 quarter hour = 10 contact hours. For CE and/or training activities: contact hours = actual contact hours in learning/training, excluding meals and breaks.
2. If using academic evidence as a supplement to or in combination with experiential evidence, then the applicant should use their judgment regarding what courses and/or CE information would really support a specific competency area. The information should provide evidence that the applicant has acquired a level of knowledge from the courses/CE activities that would contribute to their ability to discuss and/or demonstrate the competency for which the information is submitted. Also, where academic evidence is being used ONLY as a supplement to experiential evidence and to support a specific competency, then the minimum 45 contact hours per Competency Area does not apply.
3. Provide proof of your last degree (either transcripts or a photocopy of the degree).
4. Provide transcripts for all academic courses being used as evidence to fulfill the competency. In the transcript, clearly mark or highlight those courses.
5. When using evidence of academic coursework, course descriptions (such as those from a syllabus) must be submitted (either through mail or in the description box provided) in order to provide some detail on the content of the course. When course descriptions from a syllabus or other document are mailed in, please highlight those courses being used as evidence to fulfill the competency. This information will be valuable in showing the relevance of course content to the competency.
6. When using evidence of CE and/or training, provide documents (such as certificates of completion) that note the names of the CE and/or training activities, actual contact hours and dates of attendance. If contact hours are not provided on the certificate, then provide a copy of the page from the program or agenda that would confirm the contact hours for the activity. Please clearly mark which Competency Area the documentation is being used for.

**Please Note: Many courses taken for an MPH degree will satisfy competency requirements however, the degree itself may not satisfy them all.**

**Competency Area: PUBLIC HEALTH PRACTICE**

The applicant has an in-depth understanding of and/or extensive experience with the basic principles, tools and processes of public health practice, in terms of working with and through the various institutions, organizations, and individuals that contribute to carrying out public health's core functions and essential services in the community.

	Courses/Cont Educ	Contact Hours
1. Describe public health as a system, including its unique and important features, to general audiences.	_____ _____ _____	_____ _____ _____
2. Apply measures of population health and illness, including risk factors, to community health improvement initiatives.	_____ _____ _____	_____ _____ _____
3. Identify and distinguish public health and prevention strategies from curative strategies for prevalent health problems.	_____ _____ _____	_____ _____ _____
4. Describe the role of law and government in promoting and protecting the health of the public and identify specific functions and roles of governmental public health agencies in assuring population health.	_____ _____ _____	_____ _____ _____
5. Identify and explain how various organizations, positions and roles contribute to carrying out public health's core functions and essential services.	_____ _____ _____	_____ _____ _____
6. Identify, measure, and assess the components of the public health infrastructure.	_____ _____ _____	_____ _____ _____
7. Apply principles derived from the basic public health sciences to planning, implementing, and evaluating public health interventions.	_____ _____ _____	_____ _____ _____

**Competency Area: COMMUNITY HEALTH ASSESSMENT**

The applicant has an in-depth understanding of and/or extensive experience with the basic principles, tools, and methods of community health improvement processes.

	Courses/Cont Educ	Contact Hours
1. Describe assessment in public health, including its unique and important features, to general audiences.	_____ _____ _____	_____ _____ _____
2. Obtain, apply, and interpret measures of population health status that are commonly used in community health improvement processes.	_____ _____ _____	_____ _____ _____
3. Obtain, apply, and interpret measures of community capacity that are commonly used in community health improvement processes.	_____ _____ _____	_____ _____ _____
4. Obtain, apply, and interpret qualitative measures of community health that are commonly used in community health improvement processes.	_____ _____ _____	_____ _____ _____
5. Develop and apply a logic model demonstrating interrelationships among risk and protective factors for population health that are commonly used in community health improvement processes.	_____ _____ _____	_____ _____ _____
6. Utilize research, evaluation, and strategic planning tools commonly used in community health improvement processes and apply the results of these activities in deciding on an appropriate course of action.	_____ _____ _____	_____ _____ _____
7. Identify and apply principles for community engagement and participation in community health improvement processes.	_____ _____ _____	_____ _____ _____

**Competency Area: PUBLIC HEALTH POLICY, ADVOCACY & LAW**

The applicant has an in-depth understanding of and/or extensive experience with the basic principles, tools, and processes for policy development, advocacy and law in public health.

	Courses/Cont Educ	Contact Hours
1. Describe advocacy and policy development in public health, including its unique and important features, to general audiences.	_____ _____ _____	_____ _____ _____
2. Identify and apply theories and approaches that drive public health policy-making for important public health issues.	_____ _____ _____	_____ _____ _____
3. Apply advocacy and agenda-setting principles to formulate public health policy.	_____ _____ _____	_____ _____ _____
4. Apply principles of public health law and its legislative processes to formulate and implement public health policy.	_____ _____ _____	_____ _____ _____
5. Apply principles of public health law and its regulatory processes to implement public health policy.	_____ _____ _____	_____ _____ _____
6. Apply principles of public health law and its operational processes to implement public health policy.	_____ _____ _____	_____ _____ _____
7. Understand the process of implementing and managing policy to achieve desired outcomes.	_____ _____ _____	_____ _____ _____

**Competency Area: PROGRAM DEVELOPMENT & EVALUATION**

The applicant has an in-depth understanding of and/or extensive experience with the principles, tools, and processes for developing and evaluating public health programs.

	Courses/Cont Educ	Contact Hours
1. Describe program development and evaluation in public health, including its unique and important features, to general audiences.	_____ _____ _____	_____ _____ _____
2. Plan a public health program.	_____ _____ _____	_____ _____ _____
3. Develop a public health program.	_____ _____ _____	_____ _____ _____
4. Implement a public health program.	_____ _____ _____	_____ _____ _____
5. Design and evaluate a public health program.	_____ _____ _____	_____ _____ _____
6. Evaluate outcome and cost implications of public health programs.	_____ _____ _____	_____ _____ _____
7. Evaluate the impact of public health programs on different populations and cultures and use evaluation results to make evidence-based program decisions.	_____ _____ _____	_____ _____ _____



**Competency Area: PUBLIC HEALTH ADMINISTRATION**

The applicant has an in-depth understanding of and/or experience with the principles, tools and process of public health management and administration.

	Courses/Cont Educ	Contact Hours
1. Describe public health administration, including its unique and important characteristics, to general audiences.	_____ _____ _____	_____ _____ _____
2. Analyze the fundamental structure and operation of public health organizations, including their workforce, legal basis, ethical foundations, and performance characteristics.	_____ _____ _____	_____ _____ _____
3. Apply principles of public health information systems to identify and address problems and challenges facing public health organizations	_____ _____ _____	_____ _____ _____
4. Apply principles of public health management and administration to identify and address community health problems and priorities.	_____ _____ _____	_____ _____ _____
5. Apply principles and tools of resource management, including human and financial resource management, to identify and address problems facing public health organizations.	_____ _____ _____	_____ _____ _____
6. Apply principles of effective marketing and communications to identify and address problems facing public health organizations.	_____ _____ _____	_____ _____ _____
7. Apply principles of effective leadership in order to create a shared vision within a public health organization and foster partnerships that maximize achievement of public health goals.	_____ _____ _____	_____ _____ _____

## **Supplemental Information**

# Supplemental Information