Candidates Applying under

**Professional Eligibility Pilot**

**Certified in Public Health (CPH)
Exam Application**

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| **Certified in Public Health (CPH) Exam Application****Professional Eligibility Pilot**Students and alumni of CEPH-accredited schools and programs should apply online at: [www.nbphe.org](http://www.nbphe.org) |

# General Application Information

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |       |       |       |
|  *Last* | *First* | *M.I.* |
| Primary Address: |       |
| *Street Address* |
|       |       |       |
| *City* | *State* | *ZIP Code* |
| Alternative Address: |       |
| *Street Address* |
|       |       |       |
| *City* | *State* | *ZIP Code* |
| Primary Phone Number: |        | **[ ]**  Cell [ ]  Home [ ]  Work |
| Alternate Phone Number: |       | [ ]  Cell [ ]  Home [ ]  Work |
| Primary Email: |  |
| Alternate Email: |  |
| Are you a veteran of the United States Armed Services? | [ ]  Yes [ ]  No [ ]  Currently Serving  |
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| Are you a U.S. Citizen? | [ ]  Yes [ ]  No |
|  If you answered **No**:  What is your primary country of citizen? | If you answered **Yes**:Are you Hispanic? [ ]  Yes [ ]  No |
|  |  |  | With which race do you identify yourself?[ ]  American Indian/Native Alaskan[ ]  Asian[ ]  Black or African-American[ ]  Hawaiian or Pacific Islander[ ]  White |
|  What is your primary language? |
|  |  |  |
|  How long have you lived in the U.S.? |
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| Is English your primary language? | [ ]  Yes [ ]  No |
| Gender? | [ ]  Male [ ]  Female |
| Date of Birth: |  |  |

# ADDITIONAL QUESTIONS

|  |  |
| --- | --- |
| 1 | How did you learn about the Certified in Public Health? |
|  |       |
| 2 | To what extent have you been encouraged to take this examination by your employer? |
|  |        |
| 3 | What is your primary motivation for taking this examination? (Select One) |
|  | **[ ]  To increase my consideration for higher-level positions or promotions****[ ]  To increase my salary earning potential****[ ]  To increase my credibility as a public health professional****[ ]  To increase the credibility of my employer****[ ]  To increase the credibility of the public health profession****[ ]  To increase respect from my colleagues****[ ]  To increase respect from my supervisors****[ ]  To increase support for continuing education** | **[ ]  To increase funding for travel to public health meetings****[ ]  To fulfill a graduation requirement****[ ]  To serve in lieu of a comprehensive exam for my public health degree program****[ ]  To serve in lieu of another requirement for my public health degree program****[ ]  To increase my competiveness in the job market****[ ]  Other****[ ]  N/A** |
| 4 | What is the primary impact you expect a CPH credential will have on your career? (Select One) |
|  | **[ ]  The CPH will increase my credibility as a public health professional****[ ]  The CPH will make me more competitive on the job market****[ ]  The CPH will increase my consideration for a higher-level position or promotions****[ ]  The CPH will increase support for continuing education** | **[ ]  The CPH will increase respect from my colleagues or supervisor** **[ ]  The CPH will increase the credibility of my employer****[ ]  I do not envision that the CPH will impact my career****[ ]  Other****[ ]  N/A** |
| 5 | What would you consider your primary area of public health expertise? (Select One) |
|  | **[ ]  Adolescent Health****[ ]  Biostatistics****[ ]  Chronic Disease****[ ]  Communicable Disease****[ ]  Community Health Planning****[ ]  Environmental Health****[ ]  Epidemiology****[ ]  Health Behavior/Behavioral Science** | **[ ]  Health Care Administration****[ ]  Health Disparities****[ ]  Health Education/Health Promotion****[ ]  Health Policy****[ ]  Immunization****[ ]  Injury Prevention****[ ]  International/Global Health****[ ]  Maternal and Child Health** | **[ ]  No area of expertise****[ ]  Nutrition****[ ]  Public Health Administration****[ ]  Public Health Preparedness****[ ]  Reproductive Health****[ ]  Decline to Respond****[ ]  Other** |
| 6 | Will your registration fees for this examination be subsidized by a third party? |
|  |       |

# Academic History

**Under the professional eligibility pilot criteria you must at least have a bachelor’s degree**. Please list all degrees which you have earned

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| 1 | Degree earned |       |
| 2 | Subject area |       |
| 3 | University |       |
| 4 | College |       |
| 5 | City, State, Country |       |
| 6 | Date earned |       |
| 7 | Name on diploma |       |
| 8 | If College or University is outside the US, please provide contact information |
|  |       |

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| --- | --- | --- |
| 1 | Degree earned |       |
| 2 | Subject area |       |
| 3 | University |       |
| 4 | College |       |
| 5 | City, State, Country |       |
| 6 | Date earned |       |
| 7 | Name on diploma |       |
| 8 | If College or University is outside the US, please provide contact information |
|  |       |

# WORK EXPERIENCE

**Under the professional eligibility pilot criteria you must at least have at least five years’ experience in public health**. Please list at least five years of experience.

How many total years have you worked in public health?

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| **Work Experience #1** |
| 1 | Position Title |       |
| 2 | Employer Name |       |
| 3 | City, State, Country |       |
| 4 | Start Date |       |
| 5 | End Date |       |
| 6 | Total Months in Position |       |
| 7 | Part-time/Full-time |       |
| 8 | Major responsibilities (650 characters) |       |
| 9 | Supervisor Name |       |
| 10 | Supervisor Title |       |
| 11 | Supervisor Phone |       |
| 12 | Supervisor Email |       |
| 13 | Alt. Supervisor Name |       |
| 14 | Alt. Supervisor Title |       |
| 15 | Alt. Supervisor Phone |       |
| 16 | Alt. Supervisor Email |       |

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| **Work Experience #2** |
| 1 | Position Title |       |
| 2 | Employer Name |       |
| 3 | City, State, Country |       |
| 4 | Start Date |       |
| 5 | End Date |       |
| 6 | Total Months in Position |       |
| 7 | Part-time/Full-time |       |
| 8 | Major responsibilities (650 characters) |       |
| 9 | Supervisor Name |       |
| 10 | Supervisor Title |       |
| 11 | Supervisor Phone |       |
| 12 | Supervisor Email |       |
| 13 | Alt. Supervisor Name |       |
| 14 | Alt. Supervisor Title |       |
| 15 | Alt. Supervisor Phone |       |
| 16 | Alt. Supervisor Email |       |

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| **Work Experience #3** |
| 1 | Position Title |       |
| 2 | Employer Name |       |
| 3 | City, State, Country |       |
| 4 | Start Date |       |
| 5 | End Date |       |
| 6 | Total Months in Position |       |
| 7 | Part-time/Full-time |       |
| 8 | Major responsibilities (650 characters) |       |
| 9 | Supervisor Name |       |
| 10 | Supervisor Title |       |
| 11 | Supervisor Phone |       |
| 12 | Supervisor Email |       |
| 13 | Alt. Supervisor Name |       |
| 14 | Alt. Supervisor Title |       |
| 15 | Alt. Supervisor Phone |       |
| 16 | Alt. Supervisor Email |       |

Please copy paste table above to add additional experiences.

# PAYMENT

**A $125 international testing fee will apply to testing locations outside the United States.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  Check for $150 enclosed ( payable to **NBPHE** )[ ]  MasterCard [ ]  Visa [ ]  American ExpressCredit Card Number

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|       |

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| --- | --- | --- | --- |
|        |  |       |  |
| Exp Date  |  | Name Printed on Credit Card  |  |

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| --- | --- | --- | --- |
|       |  |        |  |
| Signature |  | Date |  |

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**To submit your application, please either:**

**Fax to 202-296-1252**

**Mail to: NBPHE 1900 M Street NW #710 Washington DC 20036**

**Email to:** **Info@nbphe.org**

**[ ]  I verify this information is true to the best of my knowledge. Applications with falsified information will not be considered.**

|  |  |
| --- | --- |
|       |       |
| Signature | Date |