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 | | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  | | --- | --- | --- | --- | | 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.? | | | |  |  |  | |  | | | | | | | | | | | | |
| 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

|  |  |  |
| --- | --- | --- |
| 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 | |
|  |  | |

|  |  |  |
| --- | --- | --- |
| 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?

|  |  |  |
| --- | --- | --- |
| **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 |  |

|  |  |  |
| --- | --- | --- |
| **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 |  |

|  |  |  |
| --- | --- | --- |
| **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.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Check for $150 enclosed ( payable to **NBPHE** )  MasterCard  Visa  American Express  Credit Card Number   |  | | --- | |  |  |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | | Exp Date |  | Name Printed on Credit Card |  |  |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | | Signature |  | Date |  | |

**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**](mailto: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 |