## Community and Behavioral Health Certificate Completion Form

has successfully completed all requirements for the Community and Behavioral Health Certificate.

Student Name
Field Experience:
Explain in the space provided how your HLTH 688R Field Experience was a community and behavioral health experience (program planning and evaluation, communication, policy, and/or program management).

## Coursework:

|  | List the course and title of the community and behavioral health restricted <br> elective courses completed (12 credits): | Credits |
| :---: | :--- | :---: |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

## Signatures:

|  | Signature | Date |
| :--- | :--- | :---: |
| Faculty Advisor |  |  |
| Faculty Reader |  |  |
| Department Approval |  |  |

