

Healthcare Leadership Certificate Completion Form

_____ has successfully completed all requirements for the
Healthcare Leadership Certificate.

Student Name

Field Experience:

<i>Explain in the space provided how your HLTH 688R Field Experience was considered a healthcare leadership experience.</i>

Coursework:

	<i>List the course and title of the healthcare leadership restricted elective courses completed (8 credits):</i>	Credits
1.		
2.		
3.		

BYU Healthcare Industry Association:

<i>Student joined and participated in the graduate chapter of BYU's Healthcare Industry Association.</i>
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Signatures:

	Signature	Date
Faculty Advisor		
Faculty Reader		
Department Approval		

Submit this completed form to the Graduate Program Manager in the MPH Office - 3004 LSB or to
mph@byu.edu