

Community and Behavioral Health Certificate Completion Form

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

Student Name

Field Experience:

<p><i>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).</i></p>

Coursework:

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

Signatures:

	Signature	Date
Faculty Advisor		
Certificate Lead		
Department Approval		

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

Certificate Lead: Dr. Robbie Chaney