**APPLICATION TO RECEIVE THE PUBLIC HEALTH CERTIFICATE FOR NON-NURSING STUDENTS**

**MISSISSIPPI COLLEGE SCHOOL OF NURSING**

**BOX 4037**

**CLINTON, MS 39058**

**Instructions:** Please complete this form and return it to the School of Nursing.

**Semester you are completing certificate requirements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name** (to appear on certificate): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

City State Zip

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

List all courses taken to fulfill certificate requirements. A minimum of 12 semester hours must be completed at Mississippi College. Indicate all transfer credit (TR), courses substituted (SUB), and courses in progress (IP), if any.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course Number** | **Course Title** | **Semester** | **Grade** | **Hours Earned**  (TR, SUB, or IP) |
| ALH 233 | Transition to Healthcare Professions |  |  |  |
| ALH 399 | Healthcare in the USA |  |  |  |
| ALH 301 | Applied Public Health |  |  |  |
| ALH 302 | Emerging Issues in Global Health |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Total Hours Required: 12**

**Bachelor’s Degree Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Degree/Major University Date

**Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Advisor’s Signature** (confirming completion): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please submit to the Office of the Registrar for verification and posting of the certificate upon completion.