



NEW YORK MEDICAL COLLEGE

A MEMBER OF THE TOURO COLLEGE AND UNIVERSITY SYSTEM

School of Health Sciences and Practice and INSTITUTE OF PUBLIC HEALTH

APPLICATION TO ADD ON AN ADVANCED CERTIFICATE

Student Information

Please return application signed and dated. Type or print clearly in ink.

Name _____

NYMC Email _____ Student ID # _____

Please indicate semester and year you will start the certificate:

Fall/Year _____ Spring/Year _____ Summer/Year _____

Tentative Semester & Year of Graduation _____

The Department of Public Health offers a number of graduate level certificates related to public health. More information on these certificates can be found at www.nymc.edu/publichealth (Divisions & Programs).

- Emergency Management (15 hours) - *Advisor - Professor Contreras (gcontrer3@nymc.edu)*
- Global Health (12 hours) - *Advisor - Dr. Murthy (Padmini_murthy@nymc.edu)*
- Health Education (27 hours—allows one to be eligible to sit for CHES exam) - *Advisor - Dr. Chen (ChiaChing_Chen@nymc.edu)*
- Industrial Hygiene (15 hours) - *Advisor - Dr. Shakarjian (michael_shakarjian@nymc.edu)*
- Public Health (18 hours) (not eligible if you are in an MPH program) - *Advisor - Dr. Liberatos (penny_liberatos@nymc.edu)*
- Health Care Administration (15 hours) (not eligible if you are earning MPH in Health Policy & Management) - *Advisor - Dr. Kittleson (mkittleson@nymc.edu)*
- Environmental Health (15 hours) (not eligible if you are earning MPH in Environmental Health) - *Advisor Dr. Shakarjian (michael_shakarjian@nymc.edu)*

To be eligible for certificates, the applicant:

1. Be in good academic standing in the program (3.0 or better)
2. Must apply ONE semester PRIOR to graduation
 - o There will be a fee assessed for those applications that are submitted less than one semester prior to graduation
3. Acknowledge that certificate courses may not be covered by financial aid
4. Student must meet with the advisor for the certificate program (note above) prior to taking classes

Upon completion of this application, please forward to the chair of the Department at public_health@nymc.edu.

Signature: _____

Date: _____