



## Non-Credit Program Application: Award of Proficiency in American Indian Public Health



415 N. Washington Street, 4<sup>th</sup> Floor, Baltimore, MD 21231 \* tel 410.955.6931 \* fax 410-955-2010

### PROGRAM DESCRIPTION

The Award of Proficiency in American Indian Public Health (Award) Program is designed to develop capacity to address American Indian and Alaska Native (AI/AN) health disparities through multidisciplinary public health approaches and culturally relevant strategies. The target audience for this Certificate Program includes AI/AN scholars, health leaders, and health professionals and paraprofessionals serving AI/AN communities. Course faculty includes experts in AI/AN health from the US and Canada.

The Award Program is comprised of eight courses designed and facilitated by Center for American Indian Health (CAIH) faculty. Course content addresses key areas of public health concern for AI/AN tribes, and delivers a core set of basic public health competencies. The Award is earned on a non-credit basis. All Award Program participants are encouraged to complete the offerings within a 3 year period.

**This application is for the non-credit Award of Proficiency in American Indian Public Health.**

**To apply into this Certificate Program FOR CREDIT, please apply via Apply Yourself here:**

[https://app.applyyourself.com/AYApplicantLogin/fl\\_ApplicantLogin.asp?id=jhsph](https://app.applyyourself.com/AYApplicantLogin/fl_ApplicantLogin.asp?id=jhsph)

### REQUIRED QUALIFICATIONS

- Students applying for the Award Program on a *non-credit* basis must have:
  - completed a minimum of 60 credit hours of baccalaureate level courses or equivalent, or
  - have at least two years work experience (or equivalent) in public health or health-related field

### APPLICATION CHECKLIST

The completed non-credit application package includes:

- Completed and signed application
- Most current resume or curriculum vitae
- Official or unofficial transcripts
- Personal statement (see Section 6 of this application for details)
- Two letters of recommendation and two completed recommendation forms, with at least one from a faculty advisor detailing your strengths, interests, aspirations, etc., that are less than two years old

#### Submit completed Non-Credit application to:

The Johns Hopkins Center for American Indian Health

**ATTN: Training and Scholarship Program**

415 N. Washington Street, 4<sup>th</sup> Floor Baltimore, MD 21231

Fax, 410-955-2010

Or attach as a PDF or Word Document and email to [npare1@jhu.edu](mailto:npare1@jhu.edu)

**QUESTIONS?** Please contact Nicole Paré at 410-955-6931, or via email at [npare1@jhu.edu](mailto:npare1@jhu.edu)



**SECTION 3: PROFESSIONAL SUMMARY (Most recent first)**

1. \_\_\_\_\_  
*Employer*

\_\_\_\_\_

*Position/Title* *Dates*

\_\_\_\_\_

*Activities*

2. \_\_\_\_\_  
*Employer*

\_\_\_\_\_

*Position/Title* *Dates*

\_\_\_\_\_

*Activities*

3. \_\_\_\_\_  
*Employer*

\_\_\_\_\_

*Position/Title* *Dates*

\_\_\_\_\_

*Activities*

**SECTION 4: HONORS AND DISTINCTIONS (Most recent first)**

<i>Dates</i>	<i>Description</i>

**SECTION 5: EXTRACURRICULAR ACTIVITIES**

*Include school and community activities.*

<i>Dates</i>	<i>Description</i>

**SECTION 6: PERSONAL STATEMENT**

Please compose and attach an original essay that describes how you became interested in a health career with AI/AN communities, and demonstrates your commitment to improving the health of AI/AN peoples. Discuss your background (including community involvement, leadership roles, and achievements), academic and professional goals, and illustrate how participation in this Certificate Program will assist you in achieving your goals and in improving the health of AI/AN communities.

Be sure to tailor your statement specifically to this Award Program. Your personal statement is your first opportunity to demonstrate your writing skills to our faculty, so take care to submit a concise and well-constructed essay. Statements must be current and must be between two and three double-spaced pages, with your name on each page.

We understand that types of background and professional experiences, and academic performance, are unique to each applicant and may vary widely from individual to individual. If you feel that our current application does not otherwise provide an opportunity for you to share details about your full potential as a promising or continuing health leader for the AI/AN community, please clarify this in this essay.

Your essay will be evaluated on the strength of how well you demonstrate your:

- Commitment to improving AI/AN communities/health is evident in your background
- Commitment to improving AI/AN communities/health is evident in your academic/professional goals
- Experience in leadership roles in AI/AN communities
- Potential for future leadership roles in AI/AN communities
- Clear vision of how the Program will be used
- Overall potential for success in this Program

**SECTION 7: JHU AFFILIATION**

Are you currently affiliated with JHU?  Yes  No

If Yes, please indicate how (mark all that apply):

- Alumnus
- Employee
- Attended Continuing Education Courses (i.e. Summer or Winter Institute courses) in the past
- Currently a degree-seeking student at JHU

If so, please indicate which School: \_\_\_\_\_

and Degree Program/s: \_\_\_\_\_

**SECTION 8: AFFIRMATION OF ACCURATE INFORMATION**

I affirm that the information on this application form, and on any additional material that I submit related herewith, is complete, accurate, and true to the best of my knowledge. I understand that furnishing any false, misrepresented or incomplete information in any of my application materials may be cause for denial or revocation of scholarship or award, admission, registration or academic credit. I understand that any materials submitted related to my application become the property of the Johns Hopkins University and cannot be returned or forwarded to a third party. I understand that the decision made on my application is final and not subject to appeal.

Finally, I agree that if accepted into the non-credit Award Program, I will adhere to all the rules and regulations applicable to students of the Johns Hopkins School of Public Health, including but not limited to the Student Conduct Code and Student Honor Code.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

For questions regarding registration and payment, please email the Registrar’s Office at [sslimited@jhsph.edu](mailto:sslimited@jhsph.edu)  
For questions regarding course information, please contact Nicole Paré at the number or address below.

Submit this completed application form and all supporting documentation by mail, fax or email, Attention Nicole Paré, at the number or address below.

Johns Hopkins Center for American Indian Health  
Training and Scholarship Program  
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Baltimore, MD 21231  
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Email: Nicole Paré, [npare1@jhu.edu](mailto:npare1@jhu.edu)