



University of Washington
School of Public Health
Seattle, Washington

**Maternal and Child Public Health
Leadership Training Program**



Application for Admission
Graduate Certificate Program in Maternal & Child Health

MCH students are automatically entered in the program and do not need to fill out an application for admission

Name: _____
(Last First Middle Initial)

Graduate program currently enrolled in: _____

What year in program? _____

Current UW GPA: _____ Student ID# _____

Mailing Address:

Permanent:

_____ Street

_____ City State ZIP

Local:

_____ Street

_____ City State ZIP

UW Email

Telephone (local)

Date of Birth: (optional) _____

Gender: (optional) Female Male

Ethnicity (optional):

- Caucasian
- Black/African American
- Asian/Pacific Islander (please specify) _____
- Hispanic
- Native American
- Other (please specify) _____

Education (List highest degree first):

Institution, Location	Degree Major	Dates From To
_____	_____	_____
_____	_____	_____
_____	_____	_____

Health Related Experience (List most recent first):

Organization, Location	Title and Duties	Dates From To
_____	_____	_____
_____	_____	_____

Honors, Scholarships, and Grants: _____

Professional Certification, Licensure, and Society Memberships: _____

Publications: _____

Background and Goal Statement: Provide a one-page description of your particular area of interest within the field of health behavior and health promotion, any relevant technical skills, language skills, or work experience, and please explain how the certificate program would help you meet your academic and professional goals.

To apply to the Graduate Certification Program in Maternal and Child Public Health, submit the following:

1. Application form
2. Goal Statement (1 pg max)
3. Current resume (5 pg max)
4. UW transcripts

To: Carmen Velasquez, Program Administrator
Maternal & Child Health Program
University of Washington
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