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**Injury and Violence Prevention Certificate Requirement Checklist:**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester/Year Started Injury and Violence Prevention Certificate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Core Courses:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Course | Name | Offered | Credits | Enrolled | Grade |
| BSHE 591 / EH 580 | Injury Prevention and Control | Fall | 2 | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_ |
| BSHE 565 | Violence as a Public Health Problem | Spring | 2 | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_ |
| TBD | Injury Prevention Capstone Seminar | Fall | 3 | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_ |

**Elective Courses:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Course | Name | School | Credits | Enrolled | Grade |
| \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_ |

**Practicum and Dissertation Requirements:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Course | Name | Credits | Enrolled | Grade |
| TBD | Practicum | 3 | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_ |
| TBD | Dissertation | N/A | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_ |

 **Total Credits: \_\_\_\_\_\_**

**TOTAL CREDITS NEEDED FOR THE CERTIFICATE: 15**

Attendance at 2 or more IPRCE Brown Bags: Y / N

DGS Certification of Satisfactory Completion of Certificate Program: ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester / Year Certificate Conferred (for office use only): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_