



Experiential Attestation Form

Thank you for agreeing to be an attester. Please confirm that the applicant has a high-level of competency in the area of **Public Health Emergency Preparedness and Response** by commenting on each competency listed on the next pages. If the applicant has provided specific examples, please regard them as suggestions, which you may use or edit. If you can verify that the applicant has sufficient experience in a particular competency, then select "Yes" for that competency and provide specific examples. If your experience with the applicant is not sufficient to verify the competency, then select "No." If you do not have enough space below, use a separate sheet of paper and note the competency area name and number for each example. Sign this sheet and any extra sheets used.

Should you have any questions, please contact Lanie Kepler (contact information listed below).

Thank you for your participation in the certification process.

Public Health Practitioner Certification Board

Lanie Kepler

Director of Membership and Development

Illinois Public Health Association

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Competency Area: Public Health Emergency Preparedness and Response

The applicant has an in-depth understanding of and/or extensive experience with the basic principles, tools, and processes for preparedness and response to public health emergencies, including bioterrorism events and threats.

1. The applicant can describe public health roles, including their level of participation, in emergency response for a range of contingencies that might arise.

Yes _____ No _____ (unable to verify)

Specific Examples:

2. The applicant participates in bioterrorism-related public health preparedness and response activities.

Yes _____ No _____ (unable to verify)

Specific Examples:

3. The applicant plans for disasters and public health emergencies, including planning for bioterrorism events.

Yes _____ No _____ (unable to verify)

Specific Examples:

4. The applicant applies principles and tools of emergency and disaster response management to public health emergencies, including bioterrorism events and threats.

Yes _____ No _____ (unable to verify)

Specific Examples:

5. The applicant applies principles and tools of emergency and disaster surveillance and assessment to public health emergencies, including bioterrorism events and threats.

Yes _____ No _____ (unable to verify)

Specific Examples:

6. The applicant applies principles and tools of emergency and disaster recovery and evaluation to public health emergencies, including bioterrorism events and threats.

Yes _____ No _____ (unable to verify)

Specific Examples:

7. The applicant applies risk communication principles and tools to public health emergencies, including bioterrorism events and threats.

Yes _____ No _____ (unable to verify)

Specific Examples:

I hereby confirm the high-level competency of _____ in the **Public Health Administration** concepts and skills listed above.

Signature

Date

Printed Name

Email