



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 **Applied Epidemiology** 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: Applied Epidemiology

The applicant has an in-depth understanding of and/or extensive experience with the basic principles, tools, and applications of epidemiology and basic biostatistics to public health practice.

1. The applicant can describe key features and applications of descriptive and analytic epidemiology.

Yes _____ No _____ (unable to verify)

Specific Examples:

2. The applicant can calculate and interpret ratios, proportions, incidence rates, mortality rates, prevalence and years of potential life lost.

Yes _____ No _____ (unable to verify)

Specific Examples:

3. The applicant can calculate and interpret means, medians, modes, ranges, variance, standard deviations, and confidence intervals.

Yes _____ No _____ (unable to verify)

Specific Examples:

4. The applicant can prepare and apply tables, graphs, and charts such as arithmetic scales, lines, scatter diagrams, pie charts, and box plots.

Yes _____ No _____ (unable to verify)

Specific Examples:

5. The applicant can describe the processes, uses, and evaluation of public health surveillance.

Yes _____ No _____ (unable to verify)

Specific Examples:

6. The applicant can participate in the various steps involved in an outbreak investigation.

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