



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 **Community Health Assessment** 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: Community Health Assessment

The applicant has an in-depth understanding of and/or extensive experience with the basic principles, tools, and processes of public health practice, in terms of working with and through the various institutions, organizations, and individuals that contribute to carrying out public health's core functions and essential services in the community.

1. The applicant understands assessment in public health, including its unique and important features, to general audiences.

Yes _____ No _____ (unable to verify)

Specific Examples:

2. The applicant understands and effectively obtains, applies, and interprets measures of population health status that are commonly used in community health processes.

Yes _____ No _____ (unable to verify)

Specific Examples:

3. The applicant understands and effectively obtains, applies, and interprets measures of community capacity that are commonly used in community health improvement processes.

Yes _____ No _____ (unable to verify)

Specific Examples:

4. The applicant understands and effectively obtains, applies, and interprets qualitative measures of community health that are commonly used in community health improvement processes.

Yes _____ No _____ (unable to verify)

Specific Examples:

5. The applicant understands logic model development and application, demonstrating interrelationships among risk and protective factors for population health that are commonly used in community health improvement processes.

Yes _____ No _____ (unable to verify)

Specific Examples:

6. The applicant utilizes research, evaluation and strategic planning tools commonly used in community health improvement processes and applies the results of these activities in deciding on an appropriate course of action.

Yes _____ No _____ (unable to verify)

Specific Examples:

7. The applicant understands, identifies, and applies principles for community engagement and participation in community health improvement processes.

Yes _____ No _____ (unable to verify)

Specific Examples:

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

Signature

Date

Printed Name

Email