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 **Program Development and Evaluation** 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: Program Development and Evaluation

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 can describe program development and evaluation in public health, including its unique and important features, to general audiences.

Yes_____   No_____ (unable to verify)

Specific Examples:

2. The applicant can plan public health programs.

Yes_____   No_____ (unable to verify)

Specific Examples:

3. The applicant can develop public health programs.

Yes_____   No_____ (unable to verify)

Specific Examples:

4. The applicant can implement public health programs.

Yes_____   No_____ (unable to verify)

Specific Examples:

5. The applicant can design and evaluate public health programs.

Yes_____   No_____ (unable to verify)

Specific Examples:

6. The applicant can evaluate outcome and cost implications of public health programs.

Yes_____   No_____ (unable to verify)

Specific Examples:

7. The applicant can evaluate the impact of public health programs on different populations and cultures and can use evaluation results to make evidence-based program decisions.

Yes_____   No_____ (unable to verify)

Specific Examples:

I hereby confirm the high-level competency of _____in the **Program Development and Evaluation** concepts and skills listed above.

_____   _____

Signature   **Date**

_____   _____

Printed Name   **Email**