



## 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 Administration** 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 Administration**

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 public health administration, including its unique and important features.**

Yes \_\_\_\_\_ No \_\_\_\_\_ (unable to verify)

Specific Examples:

### **2. The applicant understands and effectively analyzes the fundamental structure and operation of public health organizations, including their workforce, legal basis, ethical foundations, and performance characteristics.**

Yes \_\_\_\_\_ No \_\_\_\_\_ (unable to verify)

Specific Examples:

**3. The applicant applies principles of public health information systems to identify and address problems and challenges facing public health organizations.**

Yes \_\_\_\_\_ No \_\_\_\_\_ (unable to verify)

Specific Examples:

**4. The applicant applies principles of public health management and administration to identify and address community health problems and priorities.**

Yes \_\_\_\_\_ No \_\_\_\_\_ (unable to verify)

Specific Examples:

**5. The applicant applies principles and tools of resource management, including human and financial resource management, to identify and address problems facing public health organizations.**

Yes \_\_\_\_\_ No \_\_\_\_\_ (unable to verify)

Specific Examples:

**6. The applicant applies principles of effective marketing and communications to identify and address problems facing public health organizations.**

Yes \_\_\_\_\_ No \_\_\_\_\_ (unable to verify)

Specific Examples:

**7. The applicant applies principles of effective leadership in order to create a shared vision within a public health organization and foster partnerships that maximize achievement of public health goals.**

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**