



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 Policy, Advocacy, and Law** 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 Policy, Advocacy, and Law

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 advocacy policy development 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 identifies and applies theories and approaches that drive public health policymaking for important public health issues.

Yes _____ No _____ (unable to verify)

Specific Examples:

3. The applicant understands and applies advocacy and agenda-setting principles to formulate public health policy.

Yes _____ No _____ (unable to verify)

Specific Examples:

4. The applicant applies principles of public health law and its legislative processes to formulate and implement public health policy.

Yes _____ No _____ (unable to verify)

Specific Examples:

5. The applicant applies principles of public health law and its regulatory processes to implement public health policy.

Yes _____ No _____ (unable to verify)

Specific Examples:

6. The applicant applies principles of public health law and its operational processes to implement public health policy.

Yes _____ No _____ (unable to verify)

Specific Examples:

7. The applicant understands the process of implementing and managing policy to achieve desired outcomes.

Yes _____ No _____ (unable to verify)

Specific Examples:

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

Signature

Date

Printed Name

Email