**STUDENT:** (PRINT)

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Last Name First Name Middle Initial Date of Birth

(MM/DD/YYYY)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number UA ID Number

(Required if 1st time registering for UA course) (Assigned when student 1st takes any UA course)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address City, State, Zip Code E-mail Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day Phone Evening Phone Tribal Health Organization (employer)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature

Applying for (check one): \_\_\_\_\_ CHA Session I (UAF Course: CHP F131 = 8 credits)

\_\_\_\_\_ CHA Session II (CHP F132 = 8 credits)

\_\_\_\_\_ CHA Session III (CHP F133 = 8 credits)

\_\_\_\_\_ CHA Session IV (CHP F134 = 8 credits) Note: 8 credits = both TC and Field clinic components.

\_\_\_\_\_ CHA Preceptorship (CHP F135 = 2 credits)

**TRAINING CENTER (TC):**

Original in TC files; make 2 copies once student completed TC portion: give one to student; send one to health organization

Dates of Session: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Training Center: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SESSION-COURSE GRADE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Pass. If Incomplete or Fail do not complete form until Pass)

PASS = A minimum of 80% on all written and clinical exams is required to pass a session. If scores are below 80% an  
 individual student plan for completing the training portion of the course is created with the employing health organization.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­ \_\_\_\_\_\_\_\_\_\_\_

Instructor (print name) Instructor Signature Date

**TRIBAL HEALTH ORGANIZATION:**

**\_\_\_\_\_ Yes** - CHA has completed the Field Components for the above session/course: Post Session Learning Needs   
 (PSLN), skills list and required number of clinical hours and patient encounters.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Field Instructor /Supervisor (print name) Tribal Health Organization

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

CHAP Director Signature Date

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**INVOICE**:

To process this course for student credits on their academic transcript, for the UAF Community Health Certificate:

**SEND this Completed FORM** and **check** for **$60.00** made payable to **University of Alaska Fairbanks**   
to the UAF campus assigned to your tribal health organization (see over).

|  |  |
| --- | --- |
| **UAF – CRCD Campuses** | **CHAP Programs/Health Corporations** |

|  |  |
| --- | --- |
| **Bristol Bay Campus - Dillingham**  Bob Heath, Registration office  PO Box 1070  Dillingham, AK 99576  800-478-5109 x306; 842-8306; fax 842-5692  rheath10@alaska.edu | **Bristol Bay Area Health Corporation**  **Aleutian/Pribilof Islands Association**  **Eastern Aleutian Tribes**  **Native Village of Tyonek** |
| **Chukchi Campus - Kotzebue**  Mary Booth-Barger, Registration office  PO Box 297  Kotzebue, AK 99752  800-442-3402; 442-3400 x114; fax 442-3204,  mboothbarger@alaska.edu | **Maniilaq Association**  **North Slope Borough Health Department** |
| **Interior- Alaska Campus - Fairbanks**  Daisy Henry, Registration office  4280 Geist Rd  Fairbanks, AK 99775  474-5207; fax 474-5208  dehenry@alaska.edu | **Chickaloon Village Traditional Council**  **Chitina Traditional Village Council**  **Council of Athabascan Tribal Governmnet**  **Copper River Native Association**  **Native Village of Eyak**  **Mt. Sanford Tribal Consortium**  **Ninilchik Traditional Council**  **SouthCentral Foundation**  **Tanana Chiefs Conference Inc.**  **Tanana Tribal Council**  **Yakutat Tlingit Tribe** |
| **Kuskokwim Campus - Bethel**  Casie Stockdale, Registration office  201 Akiak Drive  PO Box 368  Bethel, AK 99559  543-4562; fax 543-4527  castockdale@alaska.edu | **Chugachmiut**  **Karluk Tribal Council**  **Kodiak Area Native Association**  **Metlakatla Family Medicine Center**  **Southeast Alaska Regional Health Corporation**  **Yukon-Kuskokwim Health Corporation** |
| **Northwest Campus - Nome**  Marie Tozier, Registration office  Pouch 400  Nome, AK 99762  443-8403; fax 443-5602  metozier@alaska.edu | **Norton Sound Health Corporation** |
| **Any questions, please call:**  Linda Curda, UAF-CHAP Academic Liaison  1815 Bragaw Street, Suite 102  Anchorage, AK  99508-3438  786-1630, 350-0342 cell lrcurda@alaska.edu | **For current CHAP Director information for each  Tribal Health Organization above go to:**  http://www.akchap.org/resources/chap\_library/  CHAP\_Directors/Resource\_List\_.pdf |