**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)

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 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 officePO Box 1070Dillingham, AK 99576800-478-5109 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 officePO Box 297Kotzebue, AK 99752800-442-3402; 442-3400 x114; fax 442-3204, mboothbarger@alaska.edu | **Maniilaq Association****North Slope Borough Health Department** |
| **Interior- Alaska Campus - Fairbanks**Daisy Henry, Registration office4280 Geist RdFairbanks, AK 99775474-5207; fax 474-5208dehenry@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 DrivePO Box 368Bethel, AK 99559543-4562; fax 543-4527castockdale@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 officePouch 400Nome, AK 99762 443-8403; fax 443-5602metozier@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 |