



# Institute of Health & Wellness

## Community Health Aide (CHA) Registration Form for Community Health Certificate

**Page 1 to be completed by Community Health Aide and returned to the APU Office of Admissions for processing and course registration for the Certificate in Community Health.**

**STUDENT:** (PRINT)

<hr/> *Last Name	<hr/> *First Name	<hr/> Middle Initial	<hr/> *Date of Birth (MM/DD/YYYY)
<hr/> *Address, City, State, Zip Code		<hr/> *Email Address	
<hr/> *Day Phone	<hr/> Evening Phone	<hr/> *Social Security Number	
<hr/> Tribal Health Organization (employer)		<hr/> *Dates of Employment	
<hr/> *Do you have your High School Diploma or a GED?    _____    _____ No			

**\*APPLYING FOR COURSE CREDIT (check one):**

<input type="checkbox"/> CH 10100: Community Health Aide I (8 credits)	<input type="checkbox"/> CH 10200: Community Health Aide II (8 credits)
<input type="checkbox"/> CH 10300: Community Health Aide III (8 credits)	<input type="checkbox"/> CH 10400: Community Health Aide IV (8 credits)
<input type="checkbox"/> CH 28500: Community Health Aide Preceptorship (2 credits) <sup>1</sup>	

<sup>1</sup>For the CH 28500 credits, this form is to be completed with preceptor and sent to student's Session IV Training Center with the credentialing paperwork for verification that the student has passed.

**DEMOGRAPHICS:** (PRINT)

<hr/> Gender	<hr/> Birth City	<hr/> Birth State/Province	<hr/> Birth Country
<hr/> AK Native Language		<hr/> Bureau of Indian Affairs (BIA) Enrolled Tribe	
<hr/> Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No    Hispanic Origin: _____			
<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Black or African American		
<input type="checkbox"/> American Indian	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		
<input type="checkbox"/> Asian	<input type="checkbox"/> White		
<hr/> If you are a shareholder/direct descendant of a shareholder of an Alaska Native Corporation, please list all that apply: _____			

\*Items marked with an asterisk are required. 8.2022



# Institute of Health & Wellness Community Health Aide (CHA) Registration Form Submission Instructions

## 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 or Preceptorship:** \_\_\_\_\_ to \_\_\_\_\_ **Training Center:** \_\_\_\_\_

## SESSION/COURSE or PRECEPTORSHIP GRADE:

If Incomplete or Fail do not complete this 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 Component for the above Session Post Session Field Training Follow-up Plan which includes the Post Session Learning Needs (PSLN); Post Session Skills Practice Checklist and required number of clinical hours and patient encounters. OR

\_\_\_\_\_ **Yes-** CHA has completed all requirements of CP credentialing with Training Center

## Invoice

To process this course for student credits on their academic transcript, for APU's Community Health Certificate MAIL or bring a copy of this completed FORM and separate \$60.00 check or money order for each student, made payable to: Alaska Pacific University.

**CHA Registration form submission instructions: Community Health Aide must submit this completed form to the APU Office of Admissions. This form may be submitted by email, mail, or in person.**

**In Person:**

APU Office of Admissions  
4225 University Drive, Suite 101  
Anchorage, AK 99508

**By Mail:**

APU Office of Admissions  
4101 University Drive, Suite 101  
Anchorage, AK 99508

## Admission

The general requirements for admission to APU can be found at <https://www.catalog.alaskapacific.edu>. In addition to those requirements, a candidate for the Community Health Undergraduate Certificate Program must provide documentation of employment showing they are hired as a Community Health Aide by a THO.

## Contact Information

If you have any questions, please reach out to us at one of the following contact points:

**Office Specialist**

Institute of Health & Wellness  
(907) 564-8225

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**Stephanie Morgan**

Associate Professor  
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**Toni Riley**

Dean of Student Enrollment Services  
(907) 564-8300

[triley@alaskapacific.edu](mailto:triley@alaskapacific.edu)

**Office Specialist**

Office of Admissions  
(907) 564-8248

[admissions@alaskapacific.edu](mailto:admissions@alaskapacific.edu)