



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)

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

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

CH 10100: Community Health Aide I (8 credits)
 CH 10200: Community Health Aide II (8 credits)
 CH 10300: Community Health Aide III (8 credits)
 CH 10400: Community Health Aide IV (8 credits)
 CH 28500: Community Health Aide Preceptorship (2 credits)¹

¹For 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)

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

*Items marked with an asterisk are required. 11.2022



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

RELEASE OF RECORDS: UNIVERSITY OF ALASKA FAIRBANKS

By providing your signature below, you agree that any previous course work for the Community Health Aid Program that occurred at the University of Alaska Fairbanks can be released to Alaska Pacific University via your UAF transcript to transfer your credit.

Student Signature

Date

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:

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