University of Louisville College of Education and Human Development Health Professions Education Certificate

Name		<u>Stu</u>	ucation Advising and udent Services			_								
Address			•	of Educati		d								
Phone			man Development iversity of Louisville											
Email address Student ID Advisor			2) 852-5597											
critical in develop	Program Purpose: To prepare professionals to lead performance, development, and learning in the health professions through discovery and critical inquiry. The program promotes effective clinical teaching and student instruction in a variety of health professions settings and helps students develop skills in designing education research for presentation and publication. Admission Requirements: This program is unofficial until admitted to the School of Interdisciplinary and Graduate Studies in non-degree status.													
		num of 2.5 GPA.		· ·										
COURSE	COURSE	COURSE TITLE	CREDIT	TENTATIVE SEMESTER OFFERED	HOURS EARNED	GRADE EARNED								
ELFH	675	Teaching and Learning in Health Professions Education—must enroll in section taught at the HSC campus.	3											
ELFH	617	Evidence Based Research in HROD—must enroll in section taught at the HSC campus.	3											
ELFH	661	Adult and Organizational Learning—must enroll in section taught at the HSC campus.	3											
ELFH	614	Program and Organization Evaluation— must enroll in section taught at the HSC campus.	3											
		Minimum total hours:	12											
THIS PRO SERVICE STATUS	OGRAM S S OFFIC MAY BE	Addendum Y N N SHEET MUST BE SIGNED BY THE ADVISOR AND THE STUDENT AND SUBMITTED TO THE EDUCATION AD BE BEFORE THE STUDENT CAN BE UNCONDITIONALLY ADMITTED TO THIS PROGRAM. ONLY 6 HOURS T TRANSFERRED TO A MASTERS DEGREE.												
Student		Date Advisor			ĺ	Date								
	Copy	rto: EASS Student Advisor D	ept.											

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Name Social Security Degree Program Content Area (if appl	icable)	Education Advising Center College of Education and Human Development University of Louisville Louisville, KY. 40292 (502) 852-5597											
Required Course (c	Required Course (course number, title, and hours) Substitution (course number, title, and hours)												
Please list courses transferred from other Colleges/Universities.													
Course (course numb	per and title)					SEMESTER HOURS	University	or College					
NOTES (any add	itional information	n regarding st	udent's prog	gram)									
THIS PROGRAM SHEET MUST BE SIGNED BY THE ADVISOR AND THE STUDENT AND SUBMITTED TO THE EDUCATION ADVISING CENTER BEFORE THE STUDENT CAN BE UNCONDITIONALLY ADMITTED TO THIS PROGRAM. ONLY 6 HOURS TAKEN IN NONDEGREE STATUS CAN BE TRANSFERRED TO A MASTERS DEGREE.													
Advisor			Date	Student					Date				
Copy to:	EAC		Student		Advisor		De	ept.					