

PATIENT SAFETY CERTIFICATE APPLICATION AND COMPLETION

Application

I, _____ (print your name), certify that I have completed at least one of the three prerequisite requirements listed below and have provided to my advisor, _____ (print advisor's name), proof of completion.

- A degree in a health care related field (i.e. nursing, medicine, pharmacy, population health, public health, health care administration, health systems management, health care management), or
- Work experience in health care delivery, or
- Have taken a course in health care delivery such as Introduction to Health Systems Engineering (ISyE 691), Health Care Systems (Nursing 105), or Health Systems and Health Care Delivery (Law 940).

Student signature _____ Date: _____

Advisor signature _____ Date: _____

CURRICULUM

The Certificate requires 15 credits, of which 12 credits come from core or otherwise mandatory coursework.

CERTIFICATE OF COMPLETION OF PATIENT SAFETY CERTIFICATE

_____ (print student's name here) has successfully completed the Exit Requirements for the Patient Safety Certificate.

Advisor signature: _____

Date: _____