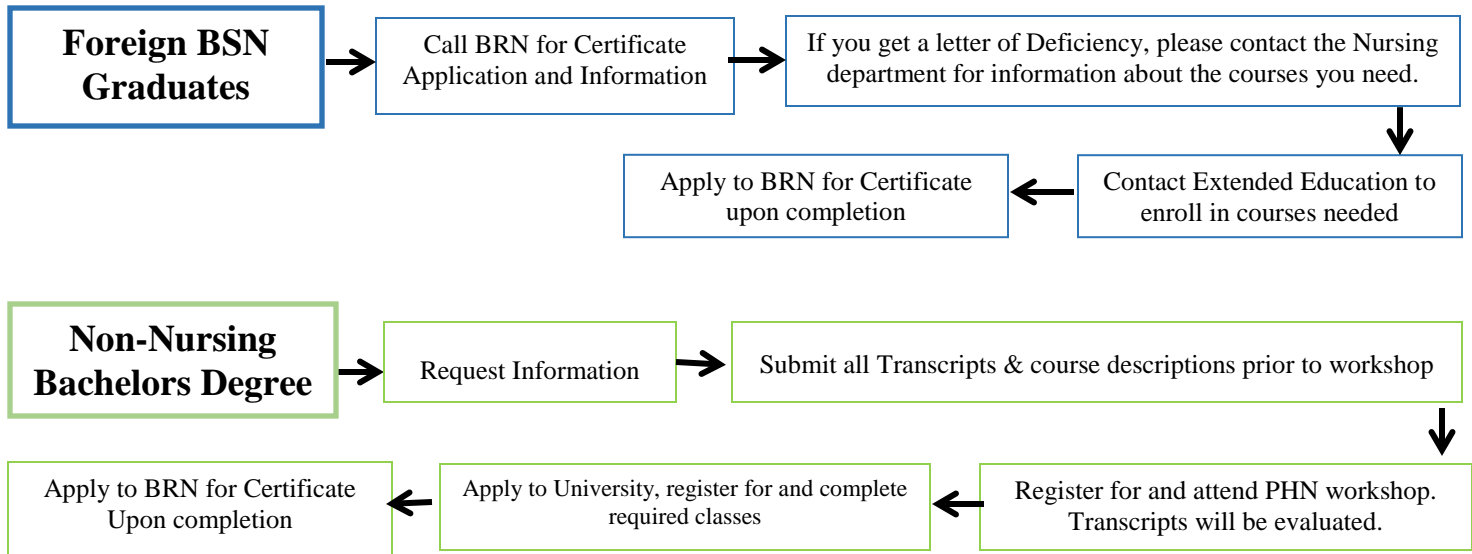


Process for a PHN Certificate Program



PUBLIC HEALTH NURSE CERTIFICATE ELIGIBILITY WORKSHOP

Please register me for the Teleconference PHN workshop

Name: _____ RN license #: _____
Last First Exp date: _____

Address: _____ Home Phone: _____
 _____ Work Phone: _____

BS/BA Major: _____ Year obtained: _____

Email: _____ *Confirmation will be sent via email

Workshop date and time will be arranged per individual basis based on availability of the student and the PHN advisor:

- Paid the \$50 fee (non-refundable) via ToroPay
 (https://toropay.csudh.edu/C20032_ustores/web/classic/store_main.jsp?STOREID=24&SINGLESTORE=true)
- Enclosed are my transcripts and course descriptions

Please send a copy of unofficial college transcripts and course descriptions for pre-workshop evaluation two weeks prior to workshop date to:

**Attn to: School of Nursing- PHN workshop
 CSU Dominguez Hills
 1000 East Victoria St.
 Carson, CA 90747
 PHONE: 310-243-3596**