BREATHE
Tobacco Treatment Graduate Certificate
Application for Admission

Name ______________________________________________________    Link Blue ______________

Email Address (that you check regularly) ___________________________________________________

Complete the appropriate portion:

1. I am pursuing the Graduate Certificate in Tobacco Treatment in conjunction with a graduate degree:
   ____________________________________________________________________________

   Academic Unit ________________________________________________________________
   Graduate Advisor _____________________________________________________________

   Prospective Degree ____________________________________________________________
   Anticipated Date of Completion ________________________________________________

2. I am not degree seeking at this time and am only pursuing the Graduate Certificate in Tobacco Treatment.
   ____________________________________________________________________________

   Name of Institution ____________________________  Current Degree/License ____________________________  Date Granted ____________________________

Specify the term in which you expect to begin work toward the Certificate:

Year ____________  Fall Semester ____________  Spring Semester ____________

Anticipated date of completion of Certificate requirements: ________________________________

*NUR621 and 622 are offered in Fall Semesters only and are prerequisites for NUR623; NUR623 is offered in Spring Semesters only. Course director approval required to override prerequisite.
Briefly describe your experiences relevant to healthcare and/or tobacco use treatment (250 word max):

Briefly describe (1) your reason for interest in the Graduate Certificate in Tobacco Treatment and (2) your career goals in relation to treating tobacco dependence (250 word max):

I certify that the statements in this application are correct and complete.

__________________________________________ Date
Signature

**For Director of Certificate Program:**
I certify that I support the applicant’s participation in the Tobacco Treatment Graduate Certificate, which is a 9 credit hour curriculum.

__________________________________________ Date
Signature, Certificate Director

Email this completed form to BreatheTTS@uky.edu

Questions? Contact Dr. Audrey Darville at Audrey.Darville@uky.edu or 859-323-4222