



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.

Signature

Date

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.

Signature, Certificate Director

Date

Email this completed form to BreatheTTS@uky.edu

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