



DEPARTMENT OF HEALTH POLICY AND MANAGEMENT  
CERTIFICATE IN HEALTH FINANCE AND MANAGEMENT  
DECLARATION OF INTENT

**Current** School of Public Health degree students applying for the *Certificate in Health Finance and Management* should complete this declaration of intent form and submit it to Pamela Davis, Director, Non-Traditional Programs and Continuing Education, Department of Health Policy and Management (hpm\_certificates@jhu.edu or Hampton House Room 492).

Questions on the Certificate in Health Finance or Management or its requirements may be directed to Pamela Davis, [hpm\\_certificates@jhu.edu](mailto:hpm_certificates@jhu.edu).

Student Name:.....

Student (SIS) ID Number:.....

Current BSPH Degree Program: .....

Department/Advisor: .....

Mailing Address (Student): .....

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Phone Number (Student): .....

E-mail: .....

**Requirements for Successful Completion**

- The certificate requires a minimum of 18 credits, including two required courses in management and budgeting, as well as the appropriate number of elective courses for a total of eighteen (18) credits.
- All courses must be taken for letter grade, and students must maintain a minimum 2.75 grade point average.
- Degree seeking students **MAY NOT** complete the certificate after their degrees are earned; **all certificate courses must be completed prior to graduation.**
- All certificate courses must be completed within a three-year period.
- Substitutions and/or waivers for required courses and elective options are not permitted.
- Some of the required and elective courses have enrollment restrictions and limits. There are no guarantees that all certificate electives will be available within one academic year. Furthermore, enrollment in the Certificate in Health Finance and Management does not guarantee permission for enrollment in courses with restrictions. To receive permission to enroll in courses with restrictions, please contact Ms. Teresa Schwartz.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_