

Spanish for Health **GRADUATE** CERTIFICATE

Student Name: _____ RUID _____

- A. **ADMISSION REQUIREMENTS:** Transcripts, Personal Statement, CV, two references.
B. **CREDITS REQUIRED:** 12. Accreditation as Community Interpreter, achieved with Span 637, is *optional*.

Content Courses (Online, ASYNCHRONOUS)	Credit per course	Courses Completed Subj. #: Course #	Frequency/ Offered	Semester Year	Program Review
Spanish Proficiency for the Health Professions (Taught in Spanish)	3	56:940:527—cross-listed with 50: 940: 327/492	Spring & Fall		
Health and Wellness in Latinx Communities (Taught in Spanish)	3	56:940:627-cross-listed with 50: 940: 427	FALL		
Humanism in Healthcare (Taught in Spanish)	3	56:940: 577 cross-listed with 50: 940: 491/477	SPRING		
Cultural Literacy for Effective Healthcare Delivery (Taught in Spanish)	3	56:940:587 cross-listed with 50: 940: 491/467	FALL		

ELECTIVES <i>Field Experience, Internship</i>	Credit per course	Courses Completed Subj. #: Course #	Completed Credits	Semester Year	Program Review
<u>Field Experience in Latin America</u> Population Health in Cuba/ Bolivia/ Guatemala	3	56: 940: 691 cross-listed with 58: 705:591	FALL		
<u>Experiential Learning in Spanish for Health</u> Internship in Spanish for the Health Professions	3	56: 940: 695 cross-listed with 50: 940: 491	Spring & Fall		
COURSE: Improving Population Health (Taught in English and Spanish)	3	58: 705: 561 cross-listed with 50: 940: 491	SPRING		

Optional Accreditation as Community Interpreter (Course can be counted for credits) (Online, ASYNCHRONOUS)	credits	Subj. #: Course #	Completed Credits	Semester Year	Program Review
Community Interpreter: Medical Interpreter Certificate	3	56: 940: 637 50:940:437	Spring and Fall		

Total Degree Credits Required: **12**

Total Credits Completed: _____

Senior Review Approval by SPH DIRECTOR/COORDINATOR

Faculty Advisor (sign and print)

Date of Review

Student Signature

Date