Graduate Certificate in Clinical Information Science

Contact Information	
Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Academic Information (list colleges and universities attended, dates, and degrees attained)		
Institution	Dates	Degree

Professional Experience (list any relevant professional experience)	
Dates	Description

Statement of Intent (Describe your interest in pursuing the Clinical Informatics training)

List three references

NAME	EMAIL	PHONE

Applicant Signature	Date

Submit application form with your transcripts, statement of intent (1-2 pages), and current CV to:
CAROLINA HEALTH INFORMATICS PROGRAM

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Chapel Hill, NC 27599-3360
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