

OCCUPATIONAL HEALTH PSYCHOLOGY GRADUATE CERTIFICATE PROGRAM APPROVAL FORM

Name: _____

PART I: COURSEWORK

Please indicate the semester/year of coursework to be used to fulfill the OHP Graduate Certificate requirements.

Semester, Year	Course Title	Course Dept/Number	Credits
Common Core Courses (both required)			
_____	Occupational Health Psychology	PSYC 5123 or PUBH 6497	3
_____	Field/Lab OHP Research Experience	GRAD 5950/5960/6950/6960 or PSYC 5800	3
Methodology Course (required)			
_____	Intermediate Epidemiology	PUBH 5497	3
Elective Specialization Seminars (two required – one outside primary discipline) ¹			
_____	Organizational Stress	PSYC 5670, Current Topics in I/O Psych	3
_____	Work & Aging	PSYC 5670, Current Topics in I/O Psych	3
_____	Work Systems and Performance	PSYC 5622	3
_____	Occupational Health and Safety	PSYC 5617	3
_____	Health Psychology	PSYC 5120	3
_____	Introductory Ergonomics & Exposure Assessment Occupational and Environmental Health:	PUBH 5497 or BME 5339	3
_____	Exposures, Risks and Prevention	PUBH 6493	3
_____	Occupational & Environmental Health Policy	PUBH 5497	3
_____	Health in the Built Environment	PUBH 5497-F47	3

¹ Other courses only by approval of OHP Certificate Executive Committee

PART II: FIELD/LAB OHP RESEARCH EXPERIENCE

Summary of Planned Work (2-3 sentences):

Research Mentor Approval
of *Planned Work*:

[Printed name]

[Signature]

[Date]

To Be Completed Upon Completion of Requirements

All requirements for the Graduate Certificate in Occupational Health Psychology have been met by this student.

Date requirements completed: _____

	Printed Name	Signature	Date
Research Mentor:	_____	_____	_____

Co-Director:	_____	_____	_____
(Rob Henning or Vicki Magley)			