

## Advanced Certificate in Gerontology Application Instructions

Instructions for completing section the Advanced Certificate in Gerontology are noted below. To complete the Graduate Division application, please refer to the Graduate Division Application and Information/Instructions.

**Ethnicity.** Ethnicity information on individuals is confidential and is used for statistical purposes only. Please select the ethnic category below which you believe best represents your background. Enter both your ethnicity and the corresponding code on our application.

ETHNIC BACKGROUND CATEGORIES	CODE	ETHNIC BACKGROUND CATEGORIES	CODE
American Indian or Alaska Native	AIA	Chinese	CHI
Black, Not of Hispanic Origin	BLK	Filipino	FIL
Puerto Rican	PUE	Hawaiian & Part-Hawaiian	HAW
Spanish	SPA	Indian Subcontinent	ISC
Mixed Hispanic	MXH	Japanese	JPN
Caucasian (excluding Spain & Portugal)	CAU	Korean	KOR
Portuguese	POR	Other Asians	OAS
Middle Easterner	MID	Pacific Islanders	PAC
Mixed Ethnic Background	MIX	Mixed Asian and/or Pacific Islander	MAP

**Current Profession.** Selecting from the list below, please enter your current professional category and the corresponding code on our application.

Professional Category	Code	Professional Category	Code	Professional Category	Code	Professional Category	Code
Accountant	ACCO	Engineer	ENGI	Librarian	LIBR	Planner	PLAN
Administrator	ADMI	Entomologist	ENTO	Mathematician	MATH	Podiatrist	PODI
Anthropologist	ANTH	Environ. Scientist	ENVI	Med. Rec. Admin/Libr.	MDRC	Psychologist	PSYC
Architect	ARCH	Epidemiologist	EPID	Med. Tech.	MEDT	Radiation Therapist	RDTH
Audiologist	AUDI	Family Planning Spec.	FAMP	Microbiologist	MICR	Rehabilitationist	REHA
Bacteriologist	BACT	Geologist	GEOL	Nurse	NURS	Researcher/Res. Asst	RESE
Biochemist	BIOC	Health Educator	HEDU	Nurse Practitioner	NSPR	Respir. Ther./Spec.	RESP
Biologist	BIOL	Health Physicist	HPHY	Nutritionist	NUTR	Sanitarian	SANI
Biostatistician	BIOS	Health Planner	HPLA	Occ. Therapist	OCTH	Social Scientist	SSCI
Chemist	CHEM	Health Svcs. Admin.	HSAD	Optometrist	OPTO	Social Worker	SOCW
Clergy	CLER	Historian	HIST	Parasitologist	PARA	Sociologist	SOCI
Demographer	DEMO	Homemaker	HOME	Pharmacist	PHAR	Speech Therapist	SPTH
Dental Hygienist	DHYG	Hospital Administrator	HOAD	Pharmacologist	PHMC	Statistician	STAT
Dentist	DENT	Industrial Hygienist	IHYG	Phys. Therapist	PHTH	Student	STUD
Dietitian	DIET	Info Sys./Data Analy.	INFO	Physician	PHSN	Toxicologist	TOXI
Economist	ECON	Journalist	JOUR	Physician's Assist.	PHSA	Veterinarian	VETE
Educator/Teacher	EDUC	Laboratory Scientist	LABS	Physicist	PHCT	Zoologist	ZOOL
Elected Official	ELOF	Lawyer	LAWY	Physiologist	PHGT	Other Occupation	OTHE

# Checklist for Applicants

The following checklist should be used to verify proper completion of the application materials and to confirm that all required supporting documents have been requested for submission. This will help to avoid any unnecessary delays in the processing of your application.

## SUBMIT THE FOLLOWING ITEMS DIRECTLY TO:

**Center on Aging  
Office of Public Health Studies  
University of Hawai'i at Mānoa  
1960 East West Road, Biomed C106  
Honolulu, HI 96822**

### I. The Advanced Certificate in Gerontology application.

- Read and sign the Applicant's Certification

### II. Supporting Documents

- Send an official transcript to the Center on Aging from each college/university attended. International applicants should refer to the Graduate Division Application & Information/Instructions.

### III. Letters of Recommendation

- Two (2) letters of recommendation. Please use form provided.

## SUBMIT THE FOLLOWING ITEMS DIRECTLY TO:

**Graduate Admission Office  
University of Hawai'i at Mānoa  
2540 Maile Way, Spalding 354  
Honolulu, HI 96822**

### I. The Graduate Division Application

- Read and sign the Applicant's Certification.
- Complete the top portion, all required sections, & sign the Residency Declaration form.
- Non-U.S. Citizens only: Complete and sign Confidential Financial Certification Form
- Non-U.S. Citizens only: If applicable, the Certification of Support section completed and signed by sponsor.

### II. Application Fee

**\*\*Must be submitted in U.S. dollars. Payable by check or money order only. DO NOT SEND CASH.\*\***

- \$50.00 application fee enclosed.

### III. Supporting Documents

- An official transcript sent directly to the Graduate Division from each college/university attended. Foreign applicants should refer to page 3 of the Graduate Division Application & Information/Instructions.
- Official TOEFL score report sent directly from ETS. Required for international applicants (see Brochure for details)

**NOTE: IT IS YOUR RESPONSIBILITY TO CHECK ON AN INCOMPLETE APPLICATION**

# University of Hawai'i at Mānoa Advanced Certificate in Gerontology Application

Mail completed application to: Center on Aging • Office of Public Health Studies • University of Hawai'i at Mānoa  
1960 East West Rd., Biomed C106 • Honolulu, HI 96822 • Phone: (808) 956-5001

SEMESTER <input type="checkbox"/> FALL <input type="checkbox"/> SPRING _____ Year			
<b>I. PERSONAL INFORMATION</b>			
SOCIAL SECURITY NUMBER ____ - ____ - ____		FULL LEGAL NAME: FAMILY/LAST FIRST FULL MIDDLE	
OTHER NAMES USED ON TRANSCRIPTS, TEST SCORES ETC.			
Gender <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE MONTH DAY YEAR ____ / ____ / ____	BIRTHPLACE (State or Country)	ETHNICITY (See Instructions) CODE _____
CITIZENSHIP <input type="checkbox"/> USA <input type="checkbox"/> OTHER-Citizen of _____		CURRENT PROFESSION (See Instructions) CODE Your current professional category, If 'other', please specify _____	
CURRENT MAILING ADDRESS		CITY/PROVINCE	STATE/COUNTRY ZIP/POSTAL CODE
CURRENT ADDRESS VALID UNTIL ____ / ____ / ____	CURRENT PHONE NUMBER ( ) Area Code	WORK PHONE NUMBER ( ) Area Code	
PERMANENT MAILING ADDRESS		CITY/PROVINCE	STATE/COUNTRY ZIP/POSTAL CODE
PERMANENT PHONE NUMBER ( ) Area Code	EMAIL ADDRESS		
NAME OF EMERGENCY CONTACT	RELATIONSHIP	PHONE NUMBER ( ) Area Code	
<b>II. CURRENT STUDENT STATUS</b>			
If you are currently enrolled in a graduate program, please indicate which program (e.g., MS in Nursing)	Your current student enrollment status <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	Expected date of graduation from graduate program (Semester/Year)  Expected date of graduation from Advanced Certificate in Gerontology program (Semester/Year)	

### III. REFERENCES

List the names, titles and phone numbers of two persons whom you have requested reference letters.

NAME	TITLE	PHONE NUMBER (        ) Area Code
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NAME	TITLE	PHONE NUMBER (        ) Area Code
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### IV. EDUCATION, INTERSHIPS, RESIDENCIES

List chronologically, starting with the most recent, **all** colleges/universities and other educational institutions attended since high school. Attach additional sheet if necessary. **You must complete this section even if you attach a resume.**

NAME OF INSTITUTION (Do not use initials)	LOCATION (City, state or country)	ENTERED MO/YR	THROUGH MO/YR	MAJOR/ PROGRAM OF STUDY	DEGREE REC'D	DATE REC'D

### V. PROFESSIONAL LICENSE(S) AND CERTIFICATION(S)

- If you hold a professional license, please indicate the type of license and in what state it is held.  
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- If you are Board certified in a medical, dental, or other specialty, please specify Board and date certified.  
\_\_\_\_\_

**VI. PROFESSIONAL EXPERIENCE**

List chronologically, starting with the most recent, all paid employment, military service, and relevant volunteer work. Attach additional sheet if necessary. **You must complete this section even if you attach a resume.**

POSITION TITLE	EMPLOYER	LOCATION (City, state or country)	FROM MO/YR	TO MO/YR	FULL-OR PART-TIME	PAID OR VOLUNTARY

**VII. PAID OR VOLUNTEER EXPERIENCE WITH THE ELDERLY**

Please describe each such experience below

**VIII. STATEMENT OF PURPOSE**

Please describe briefly why you are applying for admission to the Advanced Certificate in Gerontology Program.

In what way(s) do you expect education in the field of Gerontology will enhance your future, either personally or professionally?

**A.** Gerontology courses (other than practica or field experiences) which you have already completed at UHM

Course Number and Name	Semester/Year Taken	Grade

**B.** Gerontologically-focused practica or field experience courses which you have already completed at UHM. (These are practica which focus exclusively on older adults). Please attach a brief description of such practicum courses to this application.

Course Number and Name	Semester/Year Taken	Grade

**C.** Gerontology courses or practica which you are currently taking at UHM

Course Number and Name	Semester/Year Taken

**D.** Credit courses in Gerontology taken at other colleges or universities. Please attach course syllabus.

Name of College, Course Number and Name	Semester/Year Taken	Grade

**VIII. ADDITIONAL COMMENTS**

If you have anything you would like to add concerning your experience with, or feelings about the elderly or the aging process, please do so here.

**APPLICANT'S CERTIFICATION:** I certify that the information I have given on this application is complete and correct to the best of my knowledge and belief. I understand that providing incomplete, incorrect, or false information may result in the rejection of my application or disciplinary action if discovered after enrollment. I further understand that I may be required to produce certified documents relevant to the determination of the approval of my application.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

