

### Certificate Program Profile Information

Program Information	
Institution Name	
Sponsoring Degree Program (Ex. Master of Health Informatics)	
Institutional Accreditor	
Most Recent Status Awarded from Institutional Accreditor (Ex. Accredited)	
Date of Last Action by Institutional Accreditor	
Date of Next Review by Institutional Accreditor	
Name of Certificate Awarded (Ex. Digital Health Leader)	
Certificate Level	
Program Delivery Method	
The President/CEO has authorized this Program's application for Candidacy Status and has obtained all external approvals	
Academic Calendar (Ex. Quarter)	
Indicate the month/year in which the first students were or will be enrolled	
Indicate the month/year in which the first students graduated or are expected to graduate	
Program URL	

Program Address	
Address Line 1	
Address Line 2	
City	
State	
Zip Code	
Country	

Program Director Information			
Name		Address Line 1	
Credentials		Address Line 2	
Position Title		City	
Telephone		State	
Fax		Zip Code	
Email		Country	

CEO Information			
Name		Address Line 1	
Credentials		Address Line 2	
Position Title		City	
Telephone		State	
Fax		Zip Code	
Email		Country	

Dean Information			
Name		Address Line 1	
Credentials		Address Line 2	
Position Title		City	
Telephone		State	
Fax		Zip Code	
Email		Country	