

# DECLARATION OF INTENT TO RECEIVE A CERTIFICATE

## Bioethics and Health Policy

Bioethics and Health Policy students are to use this form in order to receive a certificate at the end of the term during which they expect to complete all certificate requirements. This form must be turned in to the Neiswanger Institute for Bioethics and Health Policy by the deadline given below (return it to the e-mail address listed at the bottom). Failure to meet the deadline may result in the delay of the conferral of the certificate.

Submission Deadlines: Fall – August 1<sup>st</sup> ; Spring – December 1<sup>st</sup> ; Summer – December 1<sup>st</sup>

Name \_\_\_\_\_  
**Print your name EXACTLY as you wish it to appear on your certificate.**

Address \_\_\_\_\_  
Street City State Zip Country

Phone \_\_\_\_\_ Email \_\_\_\_\_

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Expected date of certificate conferral: May \_\_\_\_\_ August \_\_\_\_\_ December \_\_\_\_\_

Year: 2007 \_\_\_\_\_ 2008 \_\_\_\_\_ 2009 \_\_\_\_\_ 2010 \_\_\_\_\_ 2011 \_\_\_\_\_

Required Courses (Please indicate courses completed):

\_\_\_\_\_ Clinical Bioethics

\_\_\_\_\_ **Underline one of the following required courses:** Biomedical Ethics and the Law; Justice and Health Care; Principles of Healthcare Ethics

\_\_\_\_\_ Elective taken: \_\_\_\_\_

\_\_\_\_\_ Elective taken: \_\_\_\_\_

RETURN THIS FOR TO THE NEISWANGER INSTITUTE FOR BIOETHICS  
BY EMAIL [rhiller@lumce.edu](mailto:rhiller@lumce.edu) OR FAX: 708/327-9209