



# **Certificate in Health Coaching and Care Coordination**

**Summer 2012**

**John F. Kennedy, Jr. Institute for Worker Education**  
in association with  
**Queensborough Community College**

**The City University of New York**

**APPLICATION**

### What is the Certificate in Health Coaching and Care Coordination?

This Certificate is a sequence of five courses: one non-credit preparatory bridge course and four credited courses in the field of healthcare and human services. All five courses link theory with practice by drawing on the student's own work experience. The course sequence is interdisciplinary, comprising the areas of health education, health promotion, organization and delivery of care, and social welfare.

Graduates of the Certificate program can:

- Climb the career ladder by receiving better salaries, pay increases, promotional opportunities, and other career incentives that may be available to workers who have the Certificate and/or college experience.
- Improve their job performance by gaining a deeper understanding of the changing healthcare landscape, systems and delivery of care, and topics in health education. Certificate students will gain skills needed to support individuals in maintaining better health and connecting to health promotion activities.
- Move closer to completing a degree by using the credits they earn in the Certificate program towards a college degree either now or in the future.

### How much does the Certificate program cost?

If you are accepted into the program, **CUNY will pay your tuition and fees.** However, there is a one-time application fee of \$25, and students are responsible for their books each semester. Funding is available through fall 2013 semester, and may be rescinded at any time for any reason deemed necessary by the Institute.

### Is the Certificate in Health Coaching and Care Coordination a good fit for me?

This sequence of courses is intended as an introduction to college. It is meant to allow individuals who have never been to college or have limited college experience to assess whether they would like to pursue a college degree. Some individuals may also attend the Certificate for professional development. However, if you have lots of college credits already or are enrolled in school now, this may not be the right program for you. Do you:

- Have a high school diploma (or your GED)?
- Work in the health care, behavioral health, social services or a related sector?
- Work at a community-based agency, community health center, ambulatory clinic, or related setting?
- Live as a resident in New York State?
- Have availability to take day and/or evening classes in midtown Manhattan?
- Want to develop skills, knowledge, and confidence as a professional in the field?

If so, the Certificate in Health Coaching and Care Coordination can help you achieve your goals.

### How often do classes meet, and when would I complete the Certificate?

Students will complete the Bridge Course in summer 2012: classes run from the week of June 4<sup>th</sup> through July 26<sup>th</sup>. The Bridge Course will meet two days per week for 3 hours over the course of 8 weeks. There will be two class sections (day and evening) and applicants will be asked to indicate their preference on the application form. Class will be held at a location in midtown Manhattan. The Bridge course may be waived for students with sufficient pre-requisites at the discretion of CUNY.

Students who successfully complete the Bridge Course and are accepted as non-matriculated students at Queensborough Community College (QCC) will move on to take a sequence of credited courses beginning in fall 2012. Classes will meet off-campus at a location in midtown Manhattan. Students will complete the entire certificate program by August 2013 and earn a total of 10 credits at QCC. The grid below outlines the Certificate courses, credits, hours, and a sample course and semester sequence. Students must follow the course sequence.

**CERTIFICATE IN HEALTH COACHING AND CARE COORDINATION  
SAMPLE CURRICULUM AND SEQUENCE**

Courses	Credits	Hours	Semester/Year
<p><b>College Bridge: Promoting Wellness</b></p> <p>This non-credit course will provide an in-depth focus on food and eating, specifically related to issues of access and availability. Course content will address critical topics including food insecurity, resources, policy, and cultural considerations. This course is designed to help students develop, sharpen, and improve their reading, writing, and critical analyzing skills in preparation for college.</p>	0	45	Summer 2012
<p><b>BU 914 Current Issues in Health Care</b></p> <p>A survey of the various aspects of managing health care in the twenty-first century. Legal, economic, social and psychological aspects of care will be explored. Problems and practices of health care providers in the metropolitan area will be discussed with an emphasis on new and innovative models of care.</p>	3	45	Fall 2012
<p><b>BI-150 Organization and Delivery of Health Care</b></p> <p>This course is designed to provide an overview of the organization and delivery of health care in the context of health care reform and the Affordable Care Act.</p>	2	30	Spring 2013
<p><b>HE-102 Introduction to Health Education</b></p> <p>An introductory course in personal and community health. Topics include mental health, addictions and dependencies, sex and sexuality, diet, exercise and weight control, the major diseases and their relation to morbidity and longevity. In addition, students may participate in related programs and/or field experiences as a complement to classroom activities.</p>	2	30	Spring 2013
<p><b>SS-385 Introduction to Social Work</b></p> <p>This course introduces students to the field of social work with an emphasis on care coordination within a fragmented health care delivery system.</p>	3	45	Summer 2013
<b>Total Credits</b>	<b>10</b>	<b>195</b>	



DEAR APPLICANT:

Thank you for your interest in the **Certificate in Health Coaching and Care Coordination**. This Certificate is a 5-course customized training program for frontline workers in the field of allied health. You will begin with a non-credit preparatory Bridge Course, and if you complete this course successfully, you will move through a series of four college courses. This Certificate is your first step to earning a degree at CUNY. We hope that with the completion of the 10 credits, you will maintain your enrollment at CUNY and work to earn either an Associate or Bachelor's degree.

**A COMPLETE APPLICATION MUST INCLUDE:**

- A completed Applicant Information Form
- Typed Personal Statement
- A resume
- Sealed envelope with your Recommendation Form
- Partnership Agreement Form
- A copy of your GED with scores or your high school diploma
- A copy of all college transcript(s) if you have attended college(s) previously (these can be unofficial)
- Proof of Residency in New York State (*NYS Driver's License, Utility Bill, Tax Return*)
- \$25.00 check or money order made out to "The City University of New York" for the application fee (*non-refundable*)

**APPLICATION DEADLINE: MAY 4, 2012**

*CUNY will conduct rolling admissions up to May 4, and applications will be considered on a priority basis.*

**APPLICANTS SHOULD MAIL COMPLETED APPLICATIONS TO:**

**Abigail Nelson  
JFK, Jr. Institute for Worker Education  
101 West 31<sup>st</sup> Street, Floor 14  
New York, NY 10001**

Questions may be directed to [Abigail.Nelson@mail.cuny.edu](mailto:Abigail.Nelson@mail.cuny.edu) or 212.652.2053



**Certificate in Health Coaching and Care Coordination  
Summer 2012  
APPLICANT INFORMATION FORM**

PLEASE TYPE OR PRINT IN INK

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Permanent home address: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Gender: Male/ Female (please circle selection)

Ethnic Identity (optional): (check all that apply) Country of Birth: \_\_\_\_\_

- Black/African American (Non-Hispanic)
- Hispanic/Latino
- White/Caucasian (Non-Hispanic)
- Native American or Alaskan Native
- Asian/Pacific Islander
- Other (please specify) \_\_\_\_\_

**PRESENT EMPLOYMENT**

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Current Job Title: \_\_\_\_\_

Work Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Fax: \_\_\_\_\_

Work E-mail: \_\_\_\_\_

Date of Employment: \_\_\_\_\_

Month/Year

Brief Description of Duties: \_\_\_\_\_

Work Schedule:  Full time  Part Time Hours worked per week: \_\_\_\_\_

Annual Salary Range (optional):  \$15,000-\$35,999  \$36,000-\$55,999  \$56,000-65,999  \$66,000 +

Are you a member of a union?  Yes  No If yes, which one? \_\_\_\_\_

Agency/Facility Director: \_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_

NAME

TITLE

Supervisor's Telephone: \_\_\_\_\_

### **PREVIOUS EMPLOYMENT**

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Previous job Title: \_\_\_\_\_

Dates of Employment From: \_\_\_\_\_ To: \_\_\_\_\_

Month/Year

Month/Year

### **EDUCATIONAL BACKGROUND**

Do you have a High School Diploma?  Yes  No If yes, year received? \_\_\_\_\_

Do you have a GED?  Yes  No If yes, year received? \_\_\_\_\_

Please list in chronological order any training and/or colleges you attended or are currently attending:

Dates	College/Institution	Degree Granted (Or expected)	Academic Major	Total Credits Earned (if any)

Please list any academic or professional honors you have received:

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**EDUCATIONAL GOALS**

Would you like to continue in college beyond this Certificate?     Yes     No

Have you ever taken the City University of New York (CUNY) Proficiency Exam (FSAT or ACT test)?

Yes     No    If yes, what month and year? \_\_\_\_\_

If you took the Proficiency Exam, did you pass (indicate with a checkmark)?     Reading     Writing     Math

**COMPUTER USE**

Do you have a computer with internet access (check all that apply)?     at your home     at your workplace

Do you have an email account?     Yes     No

**BRIDGE COURSE SCHEDULE**

Indicate which section you would prefer for the summer 2012 Bridge Course (check both if both apply). Please note that sections will be assigned based on availability and cannot be guaranteed.

**Section 1:**

Monday and Wednesday, 6:00PM-9:00PM; June 4, 2012- July 25, 2012 (*no class Wednesday, July 4<sup>th</sup>*)

**Section 2:**

Tuesday and Thursday, 9:30AM-12:30PM; June 5, 2012- July 26, 2012 (*no class Thursday, July 5<sup>th</sup>*)

**PERSONAL STATEMENT**

On a separate sheet of paper, in no more than 500 words, prepare a **typed** statement that answers the following:

1. Tell us why you want to participate in the Certificate program.
2. Tell us about your academic and career goals.
3. Describe a relationship with a patient/consumer/participant, at your place of employment, in which you served in a supportive, professional role.

I CERTIFY THAT I have read and understood all instructions accompanying and have answered all questions truthfully and to the best of my knowledge. I understand that any misrepresentation or omission may be cause for denying admission or permission to register.

Signed \_\_\_\_\_

Date \_\_\_\_\_

**FERPA RELEASE AUTHORIZATION**

The Family Educational Rights and Privacy Act of 1974 prohibits access to, or release of, educational records or personally identifiable information contained in records (other than directory information) without the written consent of the student, with certain regulatory exceptions. A description of a student's rights under FERPA is set forth in more detail on [www.cuny.edu](http://www.cuny.edu).

I, the undersigned, hereby authorize CUNY to release demographic information and pertinent information from my academic transcripts to NYS Department of Health (DOH). I also authorize CUNY to release to DOH information regarding my job status subsequent to completion of the certificate.

Signed \_\_\_\_\_

Date \_\_\_\_\_



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RECOMMENDATION FORM**

**DIRECTIONS FOR APPLICANT:**

Complete the information below (please print or type) and give it to your **Executive Director, current supervisor, or other administrator at your agency**. They should place this form in a sealed envelope and return it to you, so you can include it with your application.

NAME OF APPLICANT \_\_\_\_\_

NAME OF RECOMMENDER \_\_\_\_\_

AGENCY/TITLE \_\_\_\_\_

**DIRECTIONS FOR RECOMMENDER:**

The above named person is applying for admissions to an undergraduate *Certificate in Health Coaching and Care Coordination* at CUNY. We find that candid comments from those who can evaluate the applicant's performance and motivation through direct experience are extremely valuable, and we appreciate the time you are taking to provide this information. Please complete this form and enclose it in an envelope. We ask that you seal the envelope and sign across the envelope seal to ensure confidentiality. **Return the sealed envelope to the applicant, who will submit it unopened with the application.** *Questions may be directed to [Abigail.nelson@mail.cuny.edu](mailto:Abigail.nelson@mail.cuny.edu) or 212.652.2053.*

I acknowledge that the above named individual has:

- Had satisfactory employment at our agency for at least one year.
- Not had satisfactory employment at our agency for at least one year.

Please use this scale to rate this applicant in relation to his or her peers	Exceptional	Outstanding	Good	Average	Poor	Unable to Judge
Analytical ability						
Oral communication skills						
Written communication skills						
Initiative						
Leadership						
Maturity						
Organizational ability						

Comments: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_





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PARTNERSHIP AGREEMENT FORM

Staff Member Nominated for Certificate program:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Dear Agency Representative,

Your staff member is applying to an undergraduate Certificate in Health Coaching and Care Coordination at the City University of New York (CUNY). The following conditions are mandatory for participants to successfully participate in and complete the program. Participating agencies are required to support staff members in the following ways:

- Provide release time so that the student may attend classes. This 5-course Certificate will run from summer 2012 through summer 2013. Day and evening classes will be offered.
• Provide release time for the accepted student to attend an Orientation Session on Wednesday, May 30, 2012 from 10:00AM-12:00PM.
• Identify an agency contact person who will have ongoing communication with the JFK, Jr. Institute.

Please indicate ways in which your agency will provide additional support for your staff member who is enrolled in the Certificate in Health Coaching and Care Coordination (this section must be completed):

- [ ] Provide a monetary bonus upon completion of the Certificate
[ ] Provide a raise upon completion of the Certificate
[ ] Provide a promotion upon completion of the Certificate
[ ] Pay for required books in the Certificate courses
[ ] Other (i.e. conferences, inter-agency recognition, mentoring, change of job title)

If other, please specify: \_\_\_\_\_

Identify a person from your agency who will have ongoing communication with the JFK, Jr. Institute:

Name of Agency: \_\_\_\_\_

Contact person: \_\_\_\_\_
NAME TITLE

Mailing Address: \_\_\_\_\_
STREET ADDRESS CITY STATE ZIP CODE

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

This Agreement Form must be approved and signed below by the Executive Director or Director of the agency or facility where the applicant is employed:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Questions may be directed to Abigail Nelson at 212.652.2053 or abigail.nelson@mail.cuny.edu