

University of Illinois Chicago
Certificate in Health Professions Education (CHPE) Program
Application Checklist

Fall 2024 Application Deadline: May 15, 2024

Thank you for your interest in the CHPE program. Here is a handy checklist to make sure you fulfill all the requirements necessary for the UIC CHPE Admissions Committee to review your application. Please note applications still incomplete on May 15, 2024 will not be considered for review.

A complete CHPE application will include each of the following:

UIC Non-Degree Graduate Certificate Application

- All applicants must complete and submit an application form using the [UIC Application Portal](#).

Proof of degree

- Copies of awarded diploma/degree certificate or a transcript on which the award of the degree is indicated (Bachelor's degree or higher).
- For details on non-degree credential requirements, please visit [Admissions website](#)
- Upload proof of degree to the applicable credentials upload slot on the [UIC Application Portal](#)
- If all prior coursework was done abroad, [English proficiency requirements](#) may apply

Supplemental Application (2 parts)

- Please upload your completed supplemental application, including coversheet and answers to the posed questions, as a PDF document to your application
 1. Cover Sheet (see page 2)
 2. Personal Statement: please submit a personal statement (maximum 750 words for questions a and b) responding to the following prompts:
 - a. Why are you interested in the CHPE program? Reflecting on your background, describe how the CHPE will help you advance your professional and personal goals.
 - b. Our program involves collaborative work with individuals from different professional backgrounds, perspectives, and stages of their career. Briefly discuss your best assets you would bring to this context?

Resume/Curriculum Vitae

- Include information on your: employment; current professional roles and responsibilities; pertinent learning experiences not included on transcripts; teaching experiences; administrative experiences in health professions education; research and evaluation experiences; publications, presentations at professional meetings, or other evidence of scholarship; memberships in professional associations; and professional honors, awards, and distinctions.

Letter of Recommendation

- Submit one email address for the letter of recommendation.

Application Fee (\$70)

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Cover Sheet

First Name	
Last Name	
Preferred CHPE format (Refer to our website for additional information regarding each format and the courses available for the academic year.)	<input type="checkbox"/> On-campus/hybrid format <input type="checkbox"/> Online format
Preferred elective CHPE students are required to complete one elective during the program. Please indicate any elective course that you would be interested in to complete this requirement. Rank your elective interests in order 1-5, 1 as the most interested, 5 as the least interested. If there is an elective that you would not be interested in taking in the program, please leave that one blank. You can refer to our course descriptions for additional information regarding these courses. This list of electives for 2024-2025 is subject to change.	<input type="checkbox"/> Applied Instruction in Health Professions Education <input type="checkbox"/> Interprofessional Learning <input type="checkbox"/> Admissions, Student Progress, and Oversight <input type="checkbox"/> Simulation in Health Professions Education <input type="checkbox"/> Health Humanities
Institution (during CHPE participation)	
Department (during CHPE participation)	
Position (during CHPE)	

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