



New Program Membership Application Form

Program Information:

Institution:

Program Name:

Address:

Program Website:

Faculty Information:

Program Director:

Credentials:

Email:

Phone Number:

Please select two faculty/ staff to represent your program:

Faculty/ Staff 1

Name:

Title:

Email:

Phone Number:

Faculty/ Staff 2

Name

Title:

Email:

Phone Number:

Membership Information:

CEPH Accredited?

Yes

No

CEPH Application?

Yes

No



Membership type:

Base Membership (\$1,000)

Gold Membership (\$2,000)

Membership fees will be due within 60 days of acceptance.

AAPHP Membership Information:

AAPHP Program Membership is open to CEPH-accredited MPH programs, institutions considering CEPH accreditation, and institutions that have formally requested applicant status. Each member institution may appoint up to two representatives. The representatives of AAPHP shall be the person designated by the Institution as the Director/Coordinator of the program or their appointee. The Institution, acting through the Director/Coordinator of the accredited program, also shall appoint one additional representative to the Association. Institutions may withdraw membership from the council by written notification to the Executive Director.

Email complete application to the AAPHP Executive Board. exboardaaphp@gmail.com