



## Health Law and Policy Certificate

### Application Form

Thank you for your interest in the Health Law and Policy Certificate from ASU Law. Please provide the following information:

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

ASU Email Address: \_\_\_\_\_

College | Major (e.g., ASU | B.S. – Global Health): \_\_\_\_\_

\_\_\_\_\_

ASU Law - Degree Sought (e.g., JD, LLM): \_\_\_\_\_

Expected Month/Year of Graduation: \_\_\_\_\_

Preferred ASU Law Faculty Advisor (if any): \_\_\_\_\_

Health law and policy topics of interest (e.g. Medicare, malpractice, ERISA):

\_\_\_\_\_

\_\_\_\_\_

Background in health law & policy (e.g., additional degrees, experience, research):

\_\_\_\_\_

\_\_\_\_\_

Please email or return this completed form to Professor James G. Hodge, Jr., JD, LLM

[james.hodge.1@asu.edu](mailto:james.hodge.1@asu.edu)