



Arizona State University

Center for Public Health Law & Policy

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, MLS): _____

Expected Month/Year of Graduation: _____

Preferred ASU Law Faculty Advisor (if any): _____

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

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, Room 580

| james.hodge.1@asu.edu