

**GERONTOLOGY CERTIFICATE REGISTRATION FORM  
ONLINE GERONTOLOGY CERTIFICATE PROGRAM**

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Email \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Date of Birth \_\_\_\_\_

**Background:** \_\_\_ Social Work \_\_\_ Nursing \_\_\_ Psychology \_\_\_ Public Health \_\_\_ M.D.

\_\_\_ Judicial \_\_\_ CNA \_\_\_ Caregiver \_\_\_ Other (specify): \_\_\_\_\_

**Highest Degree Held Now:** \_\_\_ High School \_\_\_ Associate's \_\_\_ Bachelor's \_\_\_ Master's

\_\_\_ Doctoral \_\_\_ Other (specify): \_\_\_\_\_

**1. Experience in aging:**  Well Elderly  Frail Elderly  Volunteer Experience  Employment

Describe your experience: \_\_\_\_\_

Number of Years of Experience: \_\_\_\_\_

Are you currently employed in an aging-related job? \_\_\_ Yes \_\_\_ No

If yes, \_\_\_ Full-Time \_\_\_ Part-Time \_\_\_ On Call

**2. Previous Courses taken in Gerontology:**

OnLine: \_\_\_\_\_

University Classroom: \_\_\_\_\_

Community College: \_\_\_\_\_

Continuing Education: \_\_\_\_\_

**3. How did you hear about the OnLine program?**  NGECE flyer  Supervisor/Employer

Website  Word of Mouth  Presentation  Friend/Classmate

University/Community College Advisor (specify institution) \_\_\_\_\_

Other (describe) \_\_\_\_\_

4. When will you begin taking courses? \_\_\_\_\_

5. Have you taken other online courses? \_\_\_\_ yes \_\_\_\_ no

5a. *If yes*, what worked for you in terms of these other online courses? Please describe.

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5b. *If yes*, what type of things did not work about the online courses for you? Please describe.

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6. Which course(s) do you prefer to start with?

- \_\_\_\_ GERO 499 Gerontology Field Experience
- \_\_\_\_ HDFS 400/600 Family Gerontology
- \_\_\_\_ HDFS 437/637 Death and Dying: Family and Lifespan Perspectives
- \_\_\_\_ HE 445/645 Human Values and Professional Ethics
- \_\_\_\_ HHP 213 Healthy Aging
- \_\_\_\_ NURS 430/630 Aging and Health
- \_\_\_\_ NURS 493/693 Biology of Aging
- \_\_\_\_ PSY 442/642 Psychology of Aging
- \_\_\_\_ RLS 400 Leisure and Aging
- \_\_\_\_ SWK 104 Perspectives on Aging
- \_\_\_\_ SWK 676 Legal and Ethical Issues
- \_\_\_\_ THTR 322/THA 793 Oral History Theatre

7. How applicable do you think this certificate will be to your current employment?

- \_\_\_\_ not at all applicable
- \_\_\_\_ slightly applicable
- \_\_\_\_ moderately applicable
- \_\_\_\_ very applicable
- \_\_\_\_ don't know

8. How likely is it that you will complete the entire certificate?

- \_\_\_\_ not at all
- \_\_\_\_ somewhat likely
- \_\_\_\_ moderately likely
- \_\_\_\_ very likely
- \_\_\_\_ don't know

9. Are there other courses you would like to see offered as part of this certificate?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Why did you decide to take course(s) in this program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. What barriers do you think you may have in completing this online certificate (e.g., money, time, computer, etc.)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Is there financial assistance available for you to take this certificate?

\_\_\_\_\_ yes      \_\_\_\_\_ no      \_\_\_\_\_ unsure

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Director/Chair Approval \_\_\_\_\_ Date \_\_\_\_\_

**MAIL OR FAX COMPLETED APPLICATION TO:**

Dr. Betty Dodson, Director  
Gerontology Academic Program  
Mail Stop 411  
University of Nevada, Reno  
Reno, NV 89557  
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OR

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