



Selene Tituaña Jurado &lt;selene.tituana@gmail.com&gt;

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**NBPHE: CPH Recertification Status Complete**

1 message

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**info@nbphe.org** <info@nbphe.org>  
To: selene.tituana@gmail.com

Fri, Mar 28, 2025 at 8:37 AM



Dear Selene A. Tituana Jurado,

**Congratulations!** NBPHE has approved your Certified in Public Health Recertification Application.

Thank you for your continuing commitment to your career and to our field. The National Board of Public Health Examiners extends its sincere thanks to you for continuing to exhibit the innovation, master and leadership that our communities expect from credentialed professionals. **You can log into [CertCentral](#) to download your certificate.**

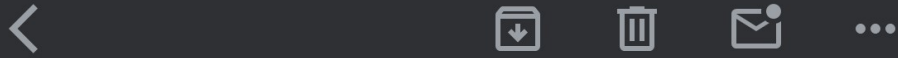
The CPH recertification process is an important component of the value of the CPH credential. To maintain the CPH status, you are required to earn and document 30 CPH recertification credits every two years. Your next recertification deadline will be 01/31/2027

Please be sure to log into [CertCentral](#) to report recertification credits for your new 2-year cycle. As a reminder, CPHs must also adhere to [NBPHE's Code of Ethics](#).

Best wishes for continued success!

Kind Regards,

NBPHE Staff  
[info@nbphe.org](mailto:info@nbphe.org)



# Your National Board of Public Health Examiners receipt

[#1957-2358] Inbox



## CPH Recertification Application

\$95.00



Ordered from  
National Board of Public Health Examiners



Total cost  
\$95.00

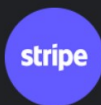


Items  
CPH Recertification Application

### Track your packages in Gmail

Google can show you updates from shipping carriers.

[Allow](#) [Not now](#)



National Board... Mar 27  
to me



Reply

Forward



## Professional Development Fund Request Form

### USER INSTRUCTIONS

**Form Purpose:** Use this form to request approval for professional development activities.

**How to Complete this Form:** Fill out this form, to include manager and component VP signature and submit to HR.

**Deadline:** This form must be received and approved at least one month in advance of the professional development activity.

**Upon Completion of Activity:** Submit Certification of Completion or another related document to HR to include in personnel file.

### EMPLOYEE INFORMATION

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

Date: \_\_\_\_\_

### PROFESSIONAL DEVELOPMENT PLAN DETAILS:

Name of training/workshop/conference: \_\_\_\_\_

Training/workshop/conference Provider: \_\_\_\_\_

Date(s): \_\_\_\_\_

Location: \_\_\_\_\_

**Provide details describing objectives, topics, and content that should be covered during this activity.**

**Explain briefly what you intend to learn or gain (personally and/or professionally) from attending this activity.**

How does this training/development relate to your primary role at UnidosUS?

(Managers only) How will your attendance at this activity benefit the staff you supervise or the people you work with?

**PROJECTED EXPENDITURE:**

Registration cost: \_\_\_\_\_  
\_\_\_\_\_

**APPROVAL:**

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager signature: \_\_\_\_\_ Date: \_\_\_\_\_

VP signature: \_\_\_\_\_ Date: \_\_\_\_\_

HR signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please note:** The Professional Development Fund is subject to annual company budgets established for external trainings and memberships.