

Concussion Management Certificate Program (12 Credits)

Department of Human Services, Rehabilitation, Health and Sport Science

Name _____ ID# _____

Local Address _____ Phone _____

_____ Major _____

Date Certificate Program Declared _____ Expected Graduation Date _____

E- Mail Address (print clearly) _____

Required Courses (12 credits required) Course #	Course Title	Credits	Grade	Term Completed/Waived
REHB 434/534	Post-Concussive Social and Emotional Wellness and Recovery	3	_____	_____
ATSW 465/565	Controversies and Implication of Concussions (MTBI) in Sport	3	_____	_____
SPED 476/576	Teaching Students with Traumatic Brain Injury	3	_____	_____
CSD 498	Special Topics: Cognitive- Communication Disorders Associated with Brain Injury	3	_____	_____