

# Head Injury and Concussion Management Certificate Program (12 Credits)

Department of Human Services, Rehabilitation, Health and Sport Sciences

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
<b>REHB 434</b>	Post-Concussive Social and Emotional Wellness and Recovery	3	_____	_____
<b>NFSS 465</b>	Controversies and Implication of Concussions (MTBI) in Sport	3	_____	_____
<b>SPED 476</b>	Teaching Students with Traumatic Brain Injury	3	_____	_____
<b>CSD 411</b>	Cognitive- Communication Disorders in Traumatic Brain Injury	3	_____	_____