### Form: Payment Submission

We require a certification fee of $150. This can be a check or money order, made out to UNCG Department of Public Health. Please print, fill out, and attach this form to your payment.

Mail your payment to:

Health Coach Training Programs   
Dept of Public Health  
P.O. Box 26170  
Greensboro, NC 27402

**To: UNCG Health Coaching Programs**

**For: Review of Health Coach Certificate Materials**

**You MUST submit this form with your Health Coach Certificate Review Payment.**

|  |  |
| --- | --- |
| **Name of Health Coach** |  |
| **Date of Training (Month/Year)** |  |

**I have completed all requirements to be eligible for review of my Health Coach Certificate materials.**

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**Signature Date**