



On the 20th Anniversary of the National Board of Public Health Examiners: It Is Long Past Time We Became a Profession

Donna J. Petersen, ScD, MHS, CPH,  Allison Foster, MBA, CPH,  Jaime W. Corvin, PhD, MSPH, CPH, and Paul K. Halverson, DrPH, CPH

ABOUT THE AUTHORS

Donna J. Petersen and Jaime W. Corvin are with the University of South Florida College of Public Health, Tampa. Allison Foster is with the National Board of Public Health Examiners, Washington, DC. Paul K. Halverson is with the Oregon Health & Science University, Portland State University School of Public Health, Portland, OR.

It has been nearly 25 years since Al Sommer and Mohammed Akhter^{1,2} called for public health to become a profession and 20 years since that call was answered with the creation of the National Board of Public Health Examiners.³⁻⁵ Since the first Certified in Public Health (CPH) exam was offered in 2008, more than 14 000 people have earned a CPH, including those with and without public health degrees from all over the world.⁶ These numbers are insufficient to raise the status of public health as a critical and credible profession essential to assuring the public's interest in attaining and maintaining good health. Here we issue an urgent call for the field to throw its entire weight behind certification to finally and fully affirm our status as professionals, promote quality in preprofessional and postprofessional education, and honor our responsibility to be accountable to the public we serve.

As a mission-driven enterprise, public health attracts people from many different disciplines who share a set of

values and a mutual desire to improve quality of life through improvements in health. Its disciplinary diversity is one of the great strengths of public health. It is also one of its greatest weaknesses, as this diversity perpetuates the idea that public health is not a singular profession and that anyone who chooses to work in it is, by definition, a public health professional.

The Oxford Languages dictionary defines a profession as "a paid occupation, especially one that involves prolonged training and a formal qualification" (emphasis added).⁷ A profession is a vocation, requiring specialized training and skills based on an established body of knowledge. Professionals adhere to professional standards, belong to professional associations, and follow industry-specific codes of ethics.⁸ For all other health professions, board certification is considered the gold standard for credentialing.⁹

Importantly, a profession is also associated with a level of respect, typically tied directly to the recognition granted

through certification. In public health, as the only health care profession without a required certification, the absence is glaring. The lack of a unifying credential signifying that individuals have earned professional status weakens the public health profession at a time when the public would be best served by a recognized profession respected for its specific contributions to the public good.

Sommer and Akhter, in calling for the development of certification on behalf of their respective organizations (the Association of Schools of Public Health, now the Association of Schools and Programs of Public Health, and the American Public Health Association [APHA]),^{1,2} simply realized that public health as a field received too little attention and its workers too little respect given the enormity of their responsibility and the challenging environments within which they toiled on behalf of an unknowing public. Public health has been called an invisible shield, which has a romantic cache but in practical terms perpetuates a lack of acknowledgment, credibility, and status in the community and among other peer professional groups. In fact, public health is a profession, and it deserves to be recognized, fully and respectfully, for the important work it does.

The effort to create a board focused on public health certification was a collaborative one between APHA and the Association of Schools of Public Health. A joint task force recommended the creation of the National Board of Public Health Examiners; the inaugural board, convened in 2005, enhanced this academic-practice partnership including representatives from the Association of Prevention Teaching and Research, the Association of State and Territorial Health Officers, and the

National Association of City and County Health Officials.

The National Board of Medical Examiners was selected through an open bid process to guide the development of the CPH exam. The stellar reputation of the board and the rigorous development and testing of the exam assured the field that the exam was valid and reliable; it consistently demonstrates psychometric rigor.

When the exam was launched in 2008, there was support but also skepticism from within academia and across the practice field. Some felt that public health was somehow different from other professions; to some who did not believe that public health is a discipline, certification did not make sense. Others thought it highly unlikely that higher wages would be available for certified individuals in resource-constrained governmental agencies or believed that certification was redundant for those with earned degrees in public health. Supporters saw certification as a means to elevate the entire field, consistent with the broad vision for public health itself. Furthermore, certification would create parity with other health professions and assure the public that the workforce was qualified.

Initially, eligibility was limited to alumni and, later, graduate students of schools and programs accredited by the Council on Education for Public Health. In response to requests from people working in the field, eligibility was expanded in 2016, realizing the original vision to professionalize the field by offering certification to the public health workforce regardless of specialty area, work setting, or academic background. Expanding eligibility to the workforce encouraged a reorientation of the exam to reflect the work performed by professionals rather than

the curriculum learned by graduates. The National Board of Public Health Examiners 2017 "Job Task Analysis" altered the content but also confirmed considerable overlap between the jobs performed by the workforce and the competencies required by the Council on Education for Public Health.¹⁰

Schools and programs that require or strongly encourage their students to take the CPH can use data on examinee performance to assess the quality of their curricula and to ensure that their students are well prepared at the time of graduation. Students benefit by graduating with both a degree and certification, confirming their membership in the public health profession. Yet, many schools and programs neither require nor encourage certification. The reluctance of academic public health leaders to support certification has two profound consequences: (1) it renders nearly every governmental public health agency bereft of certified professionals, and (2) it renders invisible the thousands of public health alumni who contribute to the public's health through other governmental agencies, the private sector, and the nonprofit sector.

Earning certification confers on the individual a responsibility to maintain certification through lifelong professional development. This requirement was one of the major reasons a certification system was proposed; it created another element of parity with all other health professionals, enabled lifelong learners to earn credit for their efforts, and created another opportunity for greater synergy between academic public health and the public health workforce.¹¹ These synergies led the board to expand its membership to include representatives from both the Council on Education for Public Health

and the Public Health Accreditation Board; advocates are highlighting where in these two accreditation processes data on certification can be helpful in demonstrating compliance.

More recently, the board has been approached by health department leaders who see value in incorporating the CPH into their professional development programs. More than 20 health departments have engaged with the board to promote certification for their employees. It requires a significant investment and political will to have large numbers of employees attend exam preparation courses and then sit for the exam. But the rewards are equally significant in gaining a workforce with greater morale, a shared language and body of knowledge, a renewed commitment to the values and the ethical practice of public health, and access to a system that promotes lifelong learning.

The goal of professionalizing public health cannot wait for academic leaders to get over their reluctance to embrace certification or for state and local agencies to recognize the value of certification and secure the necessary investment. Immediate action is essential to achieve this objective now. The imperative voiced 20 years ago remains, even though we find ourselves in a very different moment in history.

Indeed, the fact that the qualifications of some members of our workforce are being questioned solely on the basis of their personal characteristics cannot go unanswered. A new generation of leaders must, with all due haste, mobilize and embrace our collective responsibility to ensure the health and sustainability of the public health workforce. It is vital to our long-term interests that we do so. Certification bolsters the workforce, fuels pride, and encourages respect. Academic and practice leaders

need to come together to assure the public that a dedicated, externally validated workforce is acting every day to promote their interest in maintaining good health and a high quality of life. By embracing certification, we will become the visible shield needed to protect the health of the public and guide stronger policies and better practice. It is time for us to deliver on this promise. **AJPH**

CORRESPONDENCE

Correspondence should be sent to Allison Foster, 1405 S Fern St #256, Arlington, VA 22202 (e-mail: afoster@nbphe.org). Reprints can be ordered at <https://www.ajph.org> by clicking the "Reprints" link.

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ORCID iDs:

Allison Foster  <https://orcid.org/0000-0002-6468-7783>

Jaime W. Corvin  <https://orcid.org/0009-0002-7936-7755>

CONTRIBUTORS

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