



## Vocational Rehabilitation Program Evaluation & Quality Assurance (PEQA) Online Certificate Program

### Online Application Form Overview

\*Asterisk indicates a required field

#### **General Information – Include information for each applicant**

This information will be used to best coordinate cohorts and accompanying support and/or mentoring needs, not used as an eligibility screening mechanism.

#### **If applying as a team, provide information for each applicants.**

Please indicate Capstone option for which you are applying:

- ☐ Individual Capstone
- ☐ Team Capstone Within Agency
- ☐ Team Capstone Inter-Agency
- ☐ Team Capstone Inter-Agency National

\*Full Name (Last, First, Middle Initial):

\*Highest Degree Earned:

\*Degree Area:

\*Organization:

\*Current Position Title:

\*Length of Time Employed in Current Position:

\*Home Address (Street, City, State, Zip):

\*Work Address (Street, City, State, Zip):

\*Work Phone (valid format is xxx-xxx-xxxx):

\*Cell Phone (valid format is xxx-xxx-xxxx):

This will allow us to enhance project communications via text and other updates, as needed.

\*Email:

\*Have you participated in an online course before? Y/N

#### **\*Prior Program Evaluation Experience and/or Training - Include information for each applicant**

Please describe your professional experience and training as they relate to program evaluation and quality assurance.

[text box]

**\*Essay - Write and submit essay as a team**

Please describe the following in 1,000 words or less:

- Identify three important evaluation and quality assurance issues you hope to learn through the online certificate program.
- Provide a brief description of your current interest areas or issues you would like to examine for the research capstone project.
- Describe how your participation in this program will benefit your state VR program in successfully implementing WIOA in the coming years.

[text box]

**Special Accommodation Request?** Y/N – Include request for accommodation as a team

Special accommodation description

**Upload your signed Letter of Support:** [button to choose file] – **Provide one letter of support for team.**

**Statement of Agreement** (must match with the name provided above) – **Enter name for each team member**

By entering your name, you agree to all of the following conditions:

1. I have access to and am comfortable participating in an online training program.
2. I have access to the necessary technology (Internet, microphone, speaker) to participate in online learning.
3. I will participate in the required 15-minute phone interview with PEQA and my supervisor.
4. I commit to a goal of completing the program in under 9 months.
5. I will actively participate in all training modules of the PEQA Online Certificate Program.
6. I will actively participate in required online cohort and peer discussions.
7. I understand my responsibility to complete a capstone project for implementation within my state's VR program.
8. I will engage in sharing my capstone project information with other public VR agencies that might be interested in replicating the concept in their state.
9. While the Rehabilitation Services Administration (RSA) pays for the online program, my employer will be responsible for covering my travel expenses to participate in the cohort kick-off and graduation at the VR Summit Group conference (location changes annually).
10. My supervisor/director supports my application.

Note: Signature must be entered identically as it is at the top of this application: \*Full Name (Last, First, Middle Initial)

\*Signed: