



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

Online Application Form Overview

*Asterisk indicates a required field

General Information

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

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

*Highest Degree Earned:

*Degree Area:

*Organization:

*Current Position Title:

* Length of Time Employed in Current Position:

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

Home 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**

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

[text box]

***Essay**

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

Special accommodation description

Upload your signed Letter of Support: [button to choose file]

Statement of Agreement (must match with the name provided above)

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 actively participate in all training modules of the PEQA Online Certificate Program.
4. I will actively participate in required online cohort and peer discussions.
5. I understand my responsibility to complete a capstone project for implementation within my state's VR program.
6. 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.
7. 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).
8. 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:

[Button to Send Application]