VT LEND APPLICATION PROCEDURE

1. Before submitting an application, call the faculty from your discipline or the Training Director, Jean Beatson, to get more information about the program, discuss the distance learning options, and ascertain whether it seems like a good fit for you.

Mercedes Avila  Multicultural Director/Education  656-8376
Jean Beatson Training Director/Nursing  656-4291
Fatuma Bulle  Family  338-8957
Stephen Contompasis Program Director/Pediatrics  656-3187
Daline Derival  Public Health  656-4286
Mary Alice Favro  Clinical Director/Speech-Language  656-1915
Dorigen Keeney Nutrition  635-7611
George Leibowitz Social Work  656-5576
Peggy Sands  Physical Therapy  656-0204
Mary Ellen Seaver-Reid Family Centered Nursing  656-0204
Mary Taylor Social Work  656-8800

2. Submit 1 letter of recommendation from faculty/colleague in your field/discipline addressing:

- Discipline-specific expertise including experience with individuals with variety of neurodevelopmental disabilities or special health needs
- Verbal and written communication skills
- Leadership experience or potential
- Versatility, adaptability & flexibility
- Experience working with teams and families

3. Submit 1 letter of recommendation from one of the following: clinical supervisor, community professional, or a family member of a child with a disability or special health need.

4. Submit a 1-2 page typed essay explaining your reasons for participating in VT LEND, highlighting your future leadership goals. Include any experience related to maternal and child health issues, disabilities, family centered & culturally responsive care, and cultural diversity.

5. Submit a copy of your academic transcripts & resume. Include phone and email for interview scheduling.

6. Complete the application form and send all application materials to:
  VT LEND Program, Attn: Esther Doh
  University of Vermont
  477 RE4, 4318 Rehab, UHC
  1 S. Prospect Street
  Burlington, VT 05401
APPLICATION FORM

NAME: 

DATE OF APPLICATION: 

DISCIPLINE: 

HOME ADDRESS: 

PHONE: 
  Home 
  Work 
  Cell 

E-MAIL: 

DISTANCE OPTION: Yes [ ] No [ ]

EDUCATION: (include all undergraduate & graduate degrees)

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CURRENT POSITION: 
Please describe your current responsibilities:

RELATED CLINICAL/PROFESSIONAL EXPERIENCE:

REFERENCES:

1. Name: Phone: 
2. Name: Phone: 

Revised 9/12/14