

# UNIVERSITY OF ILLINOIS AT CHICAGO

Department of Disability and Human Development (MC 626)  
College of Applied Health Sciences  
1640 West Roosevelt Road  
Chicago, Illinois 60608-6904

## Assistive Technology Certificate Program Application Form

Proposed Term of Enrollment: Fall \_\_\_\_\_  
Year

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (Home/Work): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Education

Begin with most recent educational experience, include Institution, Major/Degree, Years of Attendance.

## UIC

**Work/Volunteer Experience**

Beginning with your most recent experience, indicate each position, which you consider significant. If needed attach a separate sheet of paper.

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Dates: from \_\_\_\_\_ to \_\_\_\_\_

Your primary responsibilities:

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Dates: from \_\_\_\_\_ to \_\_\_\_\_

Your primary responsibilities:

List all assistive technology courses and workshops. If needed, attach a separate sheet of paper. Include the course/workshop title, who the course/workshop was provided by, and the year of participation.

List all assistive technology conferences (e.g. CTG, CSUN, RESNA, ATIA, etc.) and the years attended.

Please describe your experience with people with disabilities.

Please describe your experience with assistive technology.

Why are you interested in the Assistive Technology Certificate Program?

How do you intend to use the knowledge gained through the certificate program?

Please request transcripts from each university or college you have attended. Transcripts should be sealed in the provided envelope by the Registrar with the Registrar's seal or signature affixed over the envelope seal. Transcript envelopes should be submitted, unopened, with your completed application and resume to:

Maitha C. Abogado, Academic Coordinator  
Department of Disability and Human Development (M/C 626)  
University of Illinois at Chicago  
1640 West Roosevelt Road  
Chicago, Illinois 60608