

Board of Directors Membership Application

Name of Applicant:

Address:

Phone: (_____) _____ **E-mail:** _____

Academy certificates held (please check all that apply):

_____ Certified Low Vision Therapist (CLVT)

_____ Certified Orientation and Mobility Specialist (COMS)

_____ Certified Vision Rehabilitation Therapist (CVRT)

Current professional position held by applicant with a brief description of duties:

Other certifications/licensures held:

_____ (expires: / /)

_____ (expires: / /)

_____ (expires: / /)

Academy for Certification of Vision Rehabilitation and Education Professionals

Are you aware of any matters that present you with any actual, apparent, or potential conflicts of interest in your service to ACVREP?

_____ Yes (if yes, please fully explain on a separate sheet)

_____ No

Education: **Degree** **Month/Year** **Major** **Name of Institution**

Baccalaureate				
Master's				
Advanced				

Experience:

Please list additional professional and life experiences that you believe will benefit the Board in its decision-making duties. Use additional space if necessary.

Statement of Understanding:

I hereby certify that information provided in this application is accurate. Furthermore, I certify that I have completed the application and attached the required documentation. I understand that no application will be reviewed unless accompanied by the required documentation.

Applicant Signature

Date

Please Note:

In order for your application to be considered, the following materials must be submitted:

1. Complete Application Form
2. Applicant's current resume or vita
3. Letter from an ACVREP certified professional endorsing the candidacy of the applicant

**PLEASE SUBMIT ALL MATERIALS
BY AUGUST 15, 2010 TO:**

ACVREP
C/o Office of the President
3333 North Campbell Avenue, Suite 2
Tucson, AZ 85719

Thank you for your interest in serving ACVREP. All completed applications received by ACVREP will be kept on file for a three (3) year period of time from the date of receipt, during which time the application may be reviewed and considered by the Nominations Committee for candidate selection.

ACVREP is an organization that values difference in background, perspective, beliefs, and traditions. ACVREP does not discriminate against any individual because of race, ethnicity, gender, gender identity, sexual orientation, age, creed, physical ability, and/or national origin.