**Department of Special and Early Education**

**Visual Disabilities Program**

**Attn: Stacy Kelly**

**Northern Illinois University**

**DeKalb, IL 60115**

**Student Application and Information Sheet**

**for students pursuing a course of study towards a**

**Certificate of Graduate Study / Assistive Technology Instructional Specialist**

A separate application process is required for this Certificate of Graduate Study. To be considered for admission to the Certificate of Graduate Study in Assistive Technology Instructional Specialist, the application materials outlined on this application form must be submitted.

Questions may be directed to Dr. Stacy Kelly or calling 815-753-4103.

**A packet containing all application materials should be sent to:**

Dr. Stacy Kelly, Ed.D., TSVI, COMS, CATIS

Graham Hall 230

Visual Disabilities Program

Department of Special and Early Education

Northern Illinois University

DeKalb, IL 60115

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Date (MM/DD/YY)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Last, First Middle Initial)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address Home Telephone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Work Telephone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address Date of Birth (MM/DD/YY)

U.S. Citizen? [ ]  Yes [ ]  No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Highest Degree Held (list degree, major (specialization), date awarded, and name of institution).

**Current Certifications/Licensures**

Please check the appropriate box or boxes below for all current Certifications/Licensures held (a copy of all current certifications/licensures is required to be provided with this application).

[ ]  Teacher of students with visual impairments; In which state(s)? \_\_\_\_\_\_\_\_\_\_; Expiration date(s)?

 \_\_\_\_\_\_\_\_\_\_

[ ]  ACVREP COMS; Expiration date? \_\_\_\_\_\_\_\_\_\_

[ ]  ACVREP CVRT; Expiration date? \_\_\_\_\_\_\_\_\_\_

[ ]  Other licensures/certifications

 Please list all: \_\_\_\_\_\_\_\_\_\_

 Expiration dates? \_\_\_\_\_\_\_\_\_\_

[ ]  No current licensures or certifications related to visual impairments.

**Grant Funding Available but Not Required**

There is grant funding available to selected applicants.

There is grant funding available that pays for all tuition, fees, and a small living stipend to selected applicants. However, this certificate program is available to students who are not applying for grant funding as well. There is a service obligation requirement for all students who are funded by the grant. The service obligation requires that upon exiting the training program, employment will be maintained for at least twice the time the scholar received funding in a special education school-based setting related to the training received.\*

\*For more detailed information related to the service obligation requirement or grant funding, contact Dr. Stacy Kelly.

Are you applying for the grant funding in addition to your admission to the certificate program?

[ ]  Yes [ ]  No

**Application Requirements (all check boxes below must be checked and completed for the application to be reviewed)**

|  |  |
| --- | --- |
| [ ]  | Apply to the NIU Graduate School Visual Disabilities Graduate Program in the area of Vision Rehabilitation Therapist (<https://ssl.niu.edu/app/application/>).  |
| [ ]  | Apply to the Department of Special and Early Education for the Assistive Technology Instructional Specialist Certification of Graduate Study by completing this application form and all additional requirements listed on this form. A separate application to the Department of Special and Early Education for this certificate of graduate study is required.  |
| [ ]  | Official transcripts from all previous academic work. |
| [ ]  | A bachelor’s degree from an accredited 4-year institution with a minimum 3.0 grade point average on a 4.0 scale |
| [ ]  | Copies of all current licensures and certifications (e.g., TVI, COMS, CVRT) |
| [ ]  | Submit an official copy of Graduate Record Examinations (GRE) scores.

|  |  |
| --- | --- |
| [ ]  | GRE Verbal Percentile? List here:\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  | GRE Quantitative Percentile? List here: \_\_\_\_\_\_\_\_\_\_\_\_ |

 |
| [ ]  | Three letters of recommendation citing successful professional experience, positive dispositions, and potential for success as an Assistive Technology Instructional Specialist.  |
| [ ]  | Completed ACVREP CATIS Core Domain Area Checklist.  |
| [ ]  | Documentation (e.g., official transcript or certificate of completion/attendance) must be provided for each Core Domain Area identified on the ACVREP CATIS Core Domain Area Checklist. |

I understand that I am **not**applying for admission to an academic degree program and that I will **not**be eligible for a graduate degree upon completion of this course of study. I further understand that I can simultaneously pursue a Certification of Graduate Study / Assistive Technology Instructional Specialist and a graduate degree (masters’ or doctorate) in this department or another, but that requires an additional application process and my being admitted to, and having filed an approved plan of study, in the appropriate degree program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of applicant

May 2016