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AER Accreditation Council Application Form

Current Openings: Please indicate for which open position on the AER Accreditation Council (AERAC) you are applying:

\_\_\_ Consumer Organization Representative

Name:

Job Title/Employer/Consumer Organization Affiliation:

Phone Number: Email Address:

Please attach a copy of your resume.

AERAC is committed to a diverse, inclusive, equitable, and accessible environment where all board members, staff, volunteers, and members feel respected and valued regardless of ability, gender, age, race, ethnicity, national origin, sexual orientation or identity, education, or any other bias.

Please indicate if you are Blind, Visually Impaired or wish to provide any other information related to our diversity policy:

Certifications/Licenses: Please write in all that apply (CATIS, TVI/TSVI, COMS, CVRT, CLVT, OTHER)

How many years have you worked in the field? Please mark an X for each of your areas of expertise below (list continues on next page):

Administration Human Resources Finance Program Evaluation

Independent Living Services Counseling PreSchool/Early Intervention K-12 Programs Low Vision Clinic Services Vocational Services

Voc Counseling Expanded Core Curriculum Industries/Employment Services Multiple Disabilities Provision of Reading Materials

Other (please specify)

**PLEASE EMAIL COMPLETED FORM by September 13, 2024 TO:** [**accreditationinfo@aerbvi.org**](mailto:accreditationinfo@aerbvi.org)