

Application Form for Organizations and Schools Accreditation Commission

Name:

Job Title/Employer/Consumer Assoc Affiliation:

Please attach a copy of your resume

Phone Number: Email Address:

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)