Department of Disability and Human Development (MC 626)
College of Applied Health Sciences
1640 West Roosevelt Road, Suite 436
Chicago, IL 60608-6904

Assistive Technology Certificate Program

Application Instructions

The following items are required to complete your application:

1. Completed application form
2. Résumé
3. Transcripts – To show proof of a bachelor's degree, please request official transcripts from each university or college that you have attended. For transcripts to be considered official, hard copies must be submitted in the original unopened envelope provided by the Registrar, with the Registrar's seal or signature affixed over the envelope seal, and electronic copies must be sent directly from the school.

Please send your application materials to:

Maitha Abogado, Academic Coordinator
Department of Disability and Human Development (MC 626)
College of Applied Health Sciences
1640 West Roosevelt Road, Suite 436
Chicago, IL 60608-6904

Electronic official transcripts can be emailed to Maitha Abogado at maitha@uic.edu.

Application deadline:

To receive full consideration for admission to the certificate program, applications should be received by July 1st of the year in which admission is being sought. After the deadline, you may register for an individual course. When admitted you may transfer the course to your certificate status.

Assistive Technology Certificate Program

Application Form

Proposed Term of Enrollment: Fall ⬚

                                          Year

Name:

E-mail Address:

Address:

City: State: Zip Code:

Phone (Home/Work):   Cell Phone:

How did you find out about the ATCP? _____

Education

A bachelor's degree is required for admittance into the program. Beginning with your most recent educational experience, please list all institutions that you have attended, major and degree, and years of attendance.

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 that you've taken. If needed, attach a separate sheet of paper. Include the course title, who the course was provided by, and the year of the participation.

List all assistive technology conferences (e.g. CTG, CSUN, RESNA, ATIA, etc.) and workshops that you've attended and the year(s) of attendance.

Please describe your experience working 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?