VT LEND APPLICATION PROCEDURE

1. Before submitting an application, please contact one of the people below:

**Mercedes Avila**  Program Director/Education Faculty  802-656-8376
maria.avila@med.uvm.edu

**Mary Alice Favro**  Training & Clinical Director/Speech-Language Faculty  802-656-1915
maryalice.favro@uvm.edu

2. Submit 2 letters of recommendation
   a. Submit one letter from faculty/colleague describing:
      - Discipline-specific expertise including experience with individuals with variety of neurodevelopmental disabilities or special health needs
      - Verbal and written communication skills
      - Leadership experience or potential

   b. Submit one letter of recommendation from one of the following: supervisor, community professional, or a family member of a child with a disability or special health need.

3. Submit a 1-2 page typed essay explaining your reasons for participating in VT LEND, highlighting your future leadership goals. Please discuss the following topics: leadership in maternal and child health, disabilities, family centered & culturally responsive care, cultural diversity, and research approaches.

4. Submit a copy of your academic transcripts & resume. Include phone and email for interview scheduling.

5. Complete the application form and send all application materials to:
   VT LEND Program, Attn: Esther Doh
   University of Vermont
   477 RE4, 4318 Rehab, UHC
   1 S. Prospect Street
   Burlington, VT 05401

Revised 12/08/16
APPLICATION FORM

NAME: 

DATE OF APPLICATION: 

DISCIPLINE: 

HOME ADDRESS: 

PHONE: 
   Home 
   Work 
   Cell 

E-MAIL: 

EDUCATION: (include all undergraduate & graduate degrees) 
   Major 
   Degree 
   Institution 
   Year 

   
   
   
CURRENT POSITION: 
   Please describe your current responsibilities: 

   
   
CLINICAL/PROFESSIONAL EXPERIENCE IN DISABILITY: 

   
REFERENCES: 

1. Name: 
   Phone: 

2. Name: 
   Phone: 

Revised 12/08/16