



## 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](mailto:maria.avila@med.uvm.edu)

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

## 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
<input type="text"/>			
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**CURRENT POSITION:**

Please describe your current responsibilities:

**CLINICAL/PROFESSIONAL EXPERIENCE IN DISABILITY:**

**REFERENCES:**

1. Name:  Phone:

2. Name:  Phone: