

# Application for Utah Regional Leadership Education in Neurodevelopmental Disabilities (URLEND) Interdisciplinary Training Program

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: Home \_\_\_\_\_ Work \_\_\_\_\_

Primary E-mail \_\_\_\_\_

Discipline or Academic Department: \_\_\_\_\_

Are you a US citizen?  yes  no

If no, what is your visa status? \_\_\_\_\_

Are you currently enrolled as a student at a university or college?

yes  no

If yes, please state institution and program \_\_\_\_\_

Major Professor or Academic Advisor: \_\_\_\_\_

Are you currently licensed to practice your discipline?  yes  no

If yes, State: \_\_\_\_\_ License Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Are you enrolling in the URLEND program as:

a student in a master's program  a student in a doctoral program

a pediatric resident/fellow  a pediatric dental resident

a post masters fellowship  a post-doctoral fellowship

Which level of time commitment are you most interested in for this program?

Short-term level\* (40 - 159 clock hours over the course of one year)

Intermediate level\* (160 - 300 clock hours over the course of one year)

Long-term\* (300+ clock hours over the course of one year)\*

\* Please note that a stipend is available for long-term trainees only (300+ clock hours)

What experiences have you had within the disability community and/or with children with neurodevelopmental disabilities and their families? (Use additional space as needed.)

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What else would you like us to know about you that is not included in the application packet? (Use additional space as needed.)

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❖ **As a part of your application, please include:**

- ❖ A copy of your transcripts showing courses, grades, and degree(s) obtained
- ❖ A copy of your curriculum vitae or resume
- ❖ Documentation showing enrollment in a graduate program (if applicable)
- ❖ A letter stating your reasons for applying and your long-term professional goals
- ❖ The names of two references

Return your completed application with the required documentation to:

Judith M. Holt, Ph.D.  
Center for Persons with Disabilities  
Utah State University  
6880 Old Main Hill  
Logan, UT 84322-6880

For further information contact: Judith M. Holt at (435) 797-7157 or [judith@cpd2.usu.edu](mailto:judith@cpd2.usu.edu)