

Intent to Participate - Employment Specialist Certificate

Please submit this form if you would like to complete the two required courses for Employment Specialist certification from Association of Community Rehabilitation Educators (ACRE)

Please submit completed form to umfcontinuinged@maine.edu OR fax to 207-778-8134

Required Information

Last Name	First Name	Mie	ddle
Preferred Name			
Have you ever applied to or tal	ken classes at a University (of Maine System School ?	Yes No
Date of Birth	Student ID (if kr	nown)	
Email Address	Phone		
Mailing Address			
Do you have a Baccalaureate D	egree? Yes	No	
Check the box	c for the class/classes	s you wish to be enro	lled in:
		al Counseling and Pla e Vocational Process	
Note: Acceptance into the employmer you wish to	nt specialist certificate program do o enroll into a degree program, plea	= -	/ UMF degree program. If
Signature		Date	