

THE ELIZABETH M. BOGGS CENTER
ON DEVELOPMENTAL DISABILITIES

Department of Pediatrics



ROBERT WOOD JOHNSON
MEDICAL SCHOOL

University of Medicine & Dentistry of New Jersey

Traineeship in Developmental Disabilities APPLICATION

Part I: General Information

Name: _____
Last First Middle

Social Security Number _____ Application Date _____

Preferred First Name or Nickname _____ Date of Birth _____

Permanent Home Address: _____
Number and Street Apt. No.

_____ () _____
City State Zip Code Telephone number

Current Address (if different from permanent address): _____
Number and Street Apt. No.

_____ () _____
City State Zip Code Telephone number

Ethnic Background (optional):

_____ White
_____ Black
_____ Hispanic
_____ Am. Indian/Alaskan Native
_____ Asian/Pacific Islander
_____ Other (specify)

Citizenship:

_____ U.S. Citizen
_____ Other Country (specify)

Sex: _____ Male _____ Female

Are you or can you be certified as "handicapped" under federal law or by the New Jersey Department of Vocational Rehabilitation? (optional)

_____ yes _____ no

Part II: Academic information

Names of colleges/ universities attended (list current attendance first):

Name	City/State	Program	Dates of Attendance
_____	_____	_____	from ___/___/___ to ___/___/___
_____	_____	_____	from ___/___/___ to ___/___/___
_____	_____	_____	from ___/___/___ to ___/___/___

Major Field/Discipline _____ Code (see back): _____

Degree Sought _____ Date Expected _____

Part III: Knowledge of/experience with developmental disabilities

List any coursework you have taken which relates to the field of developmental disabilities.

List and briefly describe any field placements, practica or observations you have completed or in which you are currently involved which relate to the field of developmental disabilities.

Describe any other experience you have had which relate to the field of developmental disabilities.

Do you know someone with a disability? _____ yes _____ no
If yes, please explain.

How would you describe your current knowledge/skills in the field of developmental disabilities?
Is there a specific age group of disability in which you are particularly interested?
_____ yes _____ no
If yes, please specify.

Why are you interested in pursuing a traineeship in developmental disabilities with the University Center for Excellence?

Part IV: Letter of Recommendation

Please submit a letter of recommendation from your faculty advisor or another faculty member who is familiar with your work. Use the enclosed form. Give the attached description of the UCE Traineeship Program to the faculty member when you request a letter of recommendation.

Name and Title of Person writing letter

Telephone Number

Address

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NOTE: The applicant should fill out the top section of this form and give it to the individual who will complete it.

LETTER OF RECOMMENDATION

Name of Applicant _____ Telephone No. _____

Address _____

I agree that this recommendation will remain confidential, and I knowingly and freely waive my rights to view it.

Signature of Applicant (optional) _____

The person named above is applying for a Traineeship in Developmental Disabilities with the Boggs Center, University Center for Excellence in Developmental Disabilities of New Jersey. A description of the Traineeship is included. Your estimate of the applicant's aptitude for completing a traineeship, potential for leadership and professional development as well as general character would be appreciated. The information given in this recommendation will be confidential ONLY if the above waiver has been signed by the student. DO NOT return to the applicant. Please send this letter directly to the attention of the Traineeship Program at the above address. Letter of recommendation received on this or an alternate form can be made available to the student unless the above waiver signed by the student accompanies the letter of recommendation.

Comments: (continue on back, if necessary)

I have known him/her for _____ as his/her _____ teacher; _____ dept chair; _____ advisor; _____ other.
years

Indicate applicant's promise for success in a Traineeship: _____ outstanding; _____ above average; _____ average; _____ poor.

Signature

Date

Institution

Name (Please print or type)

Title

Address