

## Application for Leadership Education in Neurodevelopmental and related Disabilities (LEND) Training Program

Division of Developmental and Behavioral Pediatrics, Cincinnati Children's Hospital Medical Center and University of Cincinnati

University Center for Excellence in Developmental Disabilities Education, Research and Service

Application Checklist
Cover letter describing your interest in The LEND Program
Completed application form (this document)
□Copy of resume/curriculum vitae
Send cover letter, completed application, resume/curriculum vitae by email to vicky.sanders@cchmc.org
Arrange to have two letters of recommendation (or completed recommendation forms) sent or emailed directly to the address below by your references.
Copy of graduate transcript (to date or final; unofficial copy is acceptable; this is required for applicants who have already completed a graduate degree or who are enrolled in a graduate program)
Are you legally eligible for employment in this country?
Vicky Sanders

Administrative Assistant
Behavioral Medicine & Clinical Psychology
3333 Burnet Avenue, MLC 3015
Cincinnati, OH 45229
Phone: 513-803-3217

Fax: 513-636-7756

email: vicky.sanders@cchmc.org



Name

## LEND TRAINING PROGRAM APPLICATION

Application Date				
Name				
Home Address: Street Apt # City, State, Zip				
Work Address (if applicable) Company Address Suite City, State, Zip	:			
Phone (Home) Phone (Cell) E-Mail				
EDUCATION: Degrees Earned:				
College/University		Degree	Date of Graduation	Major/Discipline
Current University/Departme	entSchool and Addre	ss:		
University School/Department Address 1 Address 2 City/State/Zip				
Degree in Progress (Please Discipline of Current Degree Name of Training Director	Duo augus.			
REFERENCES: List names, forwarding letters of recomm		numbers, and	d e-mail addresses of i	ndividuals who will be

Mailing Address

Phone Number

Email Address



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