

New Professionals Academy Application



To apply to PDTI's New Professionals Academy you must complete this form. Along with this form, you must submit a resume and a letter of support by a supervisor from the organization you currently work/volunteer for. If you are unable to meet the letter of support requirement, contact PDTI Chair, Wanda Malden, for additional guidance at: pditchair@aaaed.org.

Submit all documents at: aaaed.org/npaupload. Applicants will be contacted via email after their application is reviewed. If accepted into the program, you will be sent the registration information where the \$900 fee upon enrollment will be processed (AAAED Members receive a discount code).

APPLICANT INFORMATION

Name:

First

Last

Organization:

Title:

Email:

Phone:

Are you an AAAED member? Yes No

APPLICANT QUESTIONNAIRE

List three objectives you would like to achieve by participating in PDTI's New Professionals Academy:

1)

2)

3)

Why did you choose EEO/AA, diversity, equity, and inclusion, compliance, business or human resources as a career?

What are three professional competencies you possess? Provide examples of how you implement these competencies in your job.

1)

2)

3)

Share examples of work experience, projects, initiatives, programs that demonstrated your proficiency in performing them.

What are some professional development/career goals you have? How do you plan to prepare yourself to meet your goals?

How have you promoted diversity, equity, and inclusion at your organization and/or within your community?

Share examples to demonstrate your leadership skills/potential as indicated by community, organizational, business or governmental activities that you have either planned/and or participated in that supports EEO/AA principles.

Have you served (or currently serving) any roles within AAAED? Yes No

If yes, please describe below. If no, list leadership roles/committee areas of interest within AAAED.

APPLICANT AGREEMENT

Please sign the statement to confirm your agreement.

I (Applicant), _____, agree to the program expectations and to participate in AAAED PDTI's New Professionals Academy.

Print Name: _____

Signature: _____ Date: ____ / ____ / ____

ORGANIZATION ENDORSEMENT

In addition to this application, supervisors must provide a letter in support of the applicant's participation in PDTI's New Professional Academy. If accepted into the program, there is a fee due upon enrollment and participants are expected to attend online 2 hour classes twice a week over the course of four weeks (16 hours total). Visit aaed.org/npa for class schedule. If you have questions, contact PDTI Chair, Wanda Malden, at: pditchair@aaed.org.

Organization Name:

Organization Address:

City: State: Zip Code:

Applicant's Role in Organization:

Supervisor Name:
First Last

Title:

Email: Phone:

Please sign the statement to confirm your support for the applicant's participation in the NPA program.

I (Supervisor), _____, agree to support (Applicant) _____'s participation in AAAED PDTI's NPA Program.

Print Name: _____

Signature: _____ Date: ____/____/____