



NEW PROFESSIONALS ACADEMY APPLICATION

Along with this application, applicants must submit a resume and a letter of support submitted by a current/former supervisor and/or mentor from their perspective institution/organization.

Once your application is processed, you will be notified if you are accepted into the program and receive registration information and pay the program fee.

For questions, please contact Wanda Malden wandamalden93@gmail.com
Chair, AAAED Professional Development Training Institute

Applicant Contact Information

Name: _____
First Last

Job Title: _____

Name of Institution/ Organization: _____

Institution/Organization Address:

Street City State Zip Code

Cell Phone Number: _____ Email Address: _____

Applicant Questionnaire

List three objectives you would like to achieve by participating in the AAAED 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?

List three professional competencies that you possess and provide examples of how you implement these competencies in your job.

- 1)
- 2)
- 3)

Please share examples of work experience, projects, initiatives, programs that demonstrate your proficiency in the aforementioned areas.

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

If yes, please describe below:

If no, please list leadership roles/committee areas of interest within AAAED:

Identify some professional development /career goals that you have and your plans to prepare yourself to meet your goals.

Please provide examples of actions that demonstrate how you have promoted diversity, equity, and Inclusion at your respective 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.

Applicant Signature

Please sign below the statement to confirm your agreement.

I, _____, agree to NPA program expectations and will participate in the *AAAED PDTI's New Professionals Academy*.

Print Name: _____

Title: _____

Institution/Organization: _____

Applicant Signature: _____

Institution/Organization Endorsement

Please fill out endorsement information from Institution/Organization, current/former supervisor and/or mentor from their perspective institution/organization. *(Please attach letter of support)*.

Name: _____
First Last

Title: _____

Name of Institution/Organization: _____

Email Address: _____

Institution/Organization Signature

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

I, _____, agree to support _____'s participation in the *AAAED PDTI's New Professionals Academy*.

Print Name: _____

Signature: _____