**ACVREP Subject Matter Expert (SME) Committee Membership Application**

**Name of Applicant:**

**Address:**

**Phone:** **E-mail:**

**Academy certificates held (please check all that apply):**

\_\_\_\_\_ Certified Low Vision Therapist (CLVT)

\_\_\_\_\_ Certified Orientation and Mobility Specialist (COMS)

\_\_\_\_\_ Certified Vision Rehabilitation Therapist (CVRT)

\_\_\_\_\_Certified Assistive Technology Instructional Specialist (CATIS)

**Length of Academy certification:**

\_\_\_\_\_ years – Certified Low Vision Therapist (CLVT)

\_\_\_\_\_ years – Certified Orientation and Mobility Specialist (COMS)

\_\_\_\_\_ years – Certified Vision Rehabilitation Therapist (CVRT)

\_\_\_\_\_ years – Certified Assistive Technology Instructional Specialist (CATIS)

**Desired Subject Matter Expert (SME) committee membership:**

\_\_\_\_\_ Certified Low Vision Therapist (CLVT)

\_\_\_\_\_ Certified Orientation and Mobility Specialist (COMS)

\_\_\_\_\_ Certified Vision Rehabilitation Therapy (CVRT)

\_\_\_\_\_ Certified Assistive Technology Instructional Specialist (CATIS)

**Current position held by applicant with a brief description of duties:**

**Other certifications/licensures held:**

 Expires:

 Expires:

 Expires:

**Areas of expertise within the professional domain AT, LVT, O&M, VRT)**

\* Examples: working with children or adults; diverse populations; research.

**Are you aware of any matters that present you with any actual, apparent, or potential conflicts of interest in your service to ACVREP?**

\_\_\_\_\_\_ Yes (if yes, please fully explain on a separate sheet)

\_\_\_\_\_\_ No

|  |  |  |  |
| --- | --- | --- | --- |
| **Degree** | **Month/Year** | **Major** | **Name of Institution** |
| Baccalaureate |  |  |  |
| Master’s |  |  |  |
| Advanced |  |  |  |

**Please provide the name, telephone numbers (day) and e-mail addresses of three (3) individuals to serve as references.**

**Note: A minimum of one (1) reference must be an Academy certified professional (CATIS, CLVT, COMS, or CVRT). Also a reference from a supervisor or manager is preferred.**

**Reference 1**

Name:

\_\_\_\_\_CLVT \_\_\_\_\_\_CATIS \_\_\_\_\_COMS \_\_\_\_\_CVRT

Relationship to applicant:

Phone: Email:

**Reference 2**

Name:

\_\_\_\_\_CLVT \_\_\_\_\_\_CATIS \_\_\_\_\_COMS \_\_\_\_\_CVRT

Relationship to applicant:

Phone: Email:

**Reference 3**

Name:

\_\_\_\_\_CLVT \_\_\_\_\_\_CATIS \_\_\_\_\_COMS \_\_\_\_\_CVRT

Relationship to applicant:

Phone: Email:

**In order for this nomination to be considered, the following must be submitted in the application packet:**

1. Complete Application Form (signed and dated)

2. Applicant’s current resume or curriculum vita

Statement of Understanding:

I hereby certify that information provided in this application is accurate. Furthermore, I certify that I have completed the application and attached the required documentation. I understand that no application will be reviewed unless accompanied by the required documentation.

Applicant Signature: Date:

**PLEASE SUBMIT MATERIALS BY EMAIL TO:**

ACVREP

Kathleen Zeider, President

kzeider@acvrep.org

**Questions?**

520 887 6816 x 106