

Intent to Participate - Employment Specialist Certificate

Please submit this form if you would like to complete the two required courses for Employment Specialist certification from Association of Community Rehabilitation Educators (ACRE)

Please submit completed form to umfcontinuinged@maine.edu OR fax to 207-778-8134

Required Information

Last Name First Name Middle

Preferred Name	Previous N	James (maiden name)		
Have you ever applied to or taken	classes at a Unive	ersity of Maine System School?	Yes	No
Date of Birth	Student II	D (if known)		
Email Address	Phone			
Mailing Address				_
Do you have a Baccalaureate Degr	ree? Yes	No		
Employme	ent Special	list Certificate Progra	a <u>m</u>	
		ational Counseling and Plac ques of the Vocational Proc		
	·	ogram does not constitute acceptance to any ram, please contact umfadmit@maine.edu	UMF degree pro	gram. If
Signature		Date		