

# Governors State University

## SUPPLEMENTAL PROGRAM APPLICATION FOR THE CERTIFICATE IN THE PRINCIPLES OF CONDUCTIVE EDUCATION

READ ALL OF THE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.  
TYPE OR PRINT CLEARLY IN BLACK INK

Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_ Female \_\_\_ Male \_\_\_

Name \_\_\_\_\_  
last first m.i. other last names that may appear on academic transcripts

Permanent Address \_\_\_\_\_

Current Address \_\_\_\_\_  
(if different from above) number street apt.# city state ZIP code

9 a.m. - 5 p.m. Phone Number ( \_\_\_\_\_ ) Home \_\_\_\_\_ Work \_\_\_\_\_  
area code

5 p.m. - 9 a.m. Phone Number ( \_\_\_\_\_ ) Home \_\_\_\_\_ Work \_\_\_\_\_  
area code

E-mail address \_\_\_\_\_

Illinois Resident? \_\_\_\_\_ No \_\_\_\_\_ Yes How Long? \_\_\_\_\_ Years \_\_\_\_\_ Months County \_\_\_\_\_

U.S. Citizen? \_\_\_\_\_ No \_\_\_\_\_ Yes Non-U.S. Citizen \_\_\_\_\_  
specify country type of visa

State Issuing Current Driver's License \_\_\_\_\_ State Issuing Vehicle Registration \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Complete the following table for all postsecondary educational institutions you are attending or have attended. Use reverse chronological order, beginning with the most recent school. Official transcripts from each institution must be filed with the Admissions Office.

INSTITUTION NAME	CITY	STATE	MONTH/YEAR FROM TO	HOURS EARNED quarter/semester	MAJOR	GPA	DEGREE EARNED

Is your native or primary language English? \_\_\_\_\_ Yes \_\_\_\_\_ No If not, provide your TOEFL score and test date \_\_\_\_\_

Where did you first hear about the GSU Certificate in the Principles of Conductive Education program? \_\_\_\_\_

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## *Statement of Personal Goals*

NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

Type a one-two page essay of no more than 500 words that addresses your personal goals and why you are interested in this program. Please include any experience you have had with Conductive Education.

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Complete the following table about your employment and/or volunteer history. Use reverse chronological order.

	SUPERVISOR'S NAME and PHONE NUMBER	FACILITY or COMPANY NAME and ADDRESS	MONTH/YEAR FROM TO	TOTAL HOURS or HOURS PER WEEK	SALARIED or VOLUNTEER
<b>Duties/Responsibilities</b>					
<b>Types of Clients</b>					
<b>Duties/Responsibilities</b>					
<b>Types of Clients</b>					
<b>Duties/Responsibilities</b>					
<b>Types of Clients</b>					
<b>Duties/Responsibilities</b>					
<b>Types of Clients</b>					
<b>Duties/Responsibilities</b>					
<b>Types of Clients</b>					
<b>Duties/Responsibilities</b>					
<b>Types of Clients</b>					

Complete the following table about your academic, professional, and civic activities, achievements, and awards. Specify the time period and your level of involvement wherever that is appropriate. For example, were you an officer, chairperson, or member of a particular organization or committee?

<b>PROFESSIONAL ORGANIZATIONS and AFFILIATIONS</b>	
<b>COMMUNITY and CIVIC INVOLVEMENT</b>	
<b>ACADEMIC HONORS and SCHOLARSHIPS</b>	
<b>PUBLICATIONS and CREATIVE WORKS</b>	
<b>OTHER ACHIEVEMENTS and ACTIVITIES</b>	

\_\_\_\_\_ No \_\_\_\_\_ Yes Are you currently licensed or credentialed in a health related field? If so, list the license(s) or credential(s) you now hold, and indicate the length of time you have held each one. \_\_\_\_\_

\_\_\_\_\_ No \_\_\_\_\_ Yes Although not currently licensed or credentialed, have you ever been licensed or credentialed in a health related field? If so, list the license(s) or credential(s) you have held, and indicate the length of time you held each one. \_\_\_\_\_

\_\_\_\_\_ No \_\_\_\_\_ Yes Have you ever had any of the above named license(s) or credential(s) suspended, revoked, or subjected to disciplinary action? If so, please attach a complete statement of explanation. An answer of yes may result in a request from the admissions committee for additional information or documentation.

\_\_\_\_\_ No \_\_\_\_\_ Yes Are you presently or have you ever been under suspension or dismissal for disciplinary and/or academic reasons from any postsecondary educational institution? If so, please attach a complete statement of explanation. An answer of yes may result in a request from the admissions committee for additional information and documentation.

\_\_\_\_\_ No \_\_\_\_\_ Yes Have you ever been convicted or are there any charges now pending against you for any violation of any federal law, state law, county or municipal law, regulation, or ordinance? Do not include minor traffic violations for which a fine of \$250 or less was imposed. Include any charges to which a plea of "no contest" was entered. All other convictions must be included even if they were pardoned. If so, please attach a complete statement of explanation. An answer of yes may result in a request from the admissions committee for additional information and documentation.

This application must be signed and dated by the applicant before action can be taken. I understand that with holding information or giving false information may make me ineligible for admission to the university or subject to dismissal. I certify that the information provided in my application package is correct and complete.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Governors State University is an equal opportunity institution. The university adheres to Section 504 of the Rehabilitation Act.

## Governors State University

### *CHECKLIST OF REQUIRED DOCUMENTS FOR THE CERTIFICATE IN THE PRINCIPLES OF CONDUCTIVE EDUCATION*

NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

**Please complete and return with additional forms.**

Place an X or the abbreviation N.A. (for not applicable) on each line under the column entitled Applicant's Checklist. Missing	Applicant's Checklist	FOR OFFICE USE ONLY Received	
1. GSU Certificate Application for Admission (complete online)	_____	_____	_____
2. TOEFL Exam Date and Score ( <i>if applicable</i> ) _____	_____	_____	_____
3. Supplemental Program Application Form	_____	_____	_____
4. Statement of Personal Goals	_____	_____	_____
5. Official College Transcript(s)      Attendance Dates      Degree(s)			
_____ to _____	_____	_____	_____
_____ to _____	_____	_____	_____
_____ to _____	_____	_____	_____
_____ to _____	_____	_____	_____
_____ to _____	_____	_____	_____
_____ to _____	_____	_____	_____
6. Copy of Professional License	_____	_____	_____
7. Copy of malpractice/liability insurance	_____	_____	_____
8. Copy of current resume	_____	_____	_____
9. Self-Addressed, Stamped Envelope	_____	_____	_____