



Workplace Certificate Program Level II Application

Applicant Information

Full Name: _____ DOB: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Department: _____ Designation (faculty, staff, student, trainee) _____ Years of service _____

Education

Please use a separate document to answer the following questions.

1. Take a moment and think about when you were pleased with your job and not so happy. What were some of the factors that contributed to how you felt in each of those situations?
2. Tell us about some of your everyday actions that make your department/office culture better than when you first entered it and how you provide others with the opportunity to thrive.

What is the highest level of education you have achieved?

- | | |
|---|--|
| <input type="checkbox"/> High school graduate | <input type="checkbox"/> GED or equivalent |
| <input type="checkbox"/> Some college | <input type="checkbox"/> Technical/ vocational program |
| <input type="checkbox"/> Associate's degree | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> Master's degree | <input type="checkbox"/> Doctoral degree |

Endorsement

To confirm that the participant has the support of their department/ division to fully participate in all the benefits of the Workplace Certificate Program Level II offered by the Office of Access & Compliance, the following information is needed.

Supervisor's Signature: _____ E-mail Address: _____

Consent to Use Photographic Images and Recordings

Participation in the Workplace Certificate Program Level II and related activities constitutes an agreement by the participant to the University of Tennessee Health Science Center's use and distribution (both now and in the future) of the participant's image or voice in photographs, videotapes, electronic reproductions, and audiotapes of such events and activities.

Signature

I certify that all information submitted in this application and in any supporting documents of my candidacy for admission to the certificate program is complete and true to the best of my knowledge and belief. I understand that providing false and/or misleading information or failing to provide updated information can result in a withdrawal of an offer of admission.

By signing this application, I agree to make my best effort to attend all of the in-person sessions and complete all assigned coursework.

Signature: _____ Date: _____

APPLICATION CHECKLIST

Please be sure to include the following items in your application:

- Completed application
- Answers to open-ended questions
- Supervisor's endorsement information

APPLICATION MATERIALS CAN BE SUBMITTED VIA E-MAIL OR MAIL TO:

Office of Access and Compliance
C/o Workplace Certificate Program Level II
920 Madison Avenue, Suite 825
Memphis, Tennessee 38163

oac-hsc@uthsc.edu



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