

# APPLICATION FOR ADMISSION TO CDER

## CONSORTIUM FOR DISTANCE EDUCATION IN REHABILITATION (CDER)

GEORGIA STATE UNIVERSITY (GSU)  
SAN DIEGO STATE UNIVERSITY (SDSU)  
UNIVERSITY OF NORTH TEXAS (UNT)

The CDER program responds to the priorities of the FY00 Rehabilitation Services Administration (RSA) Rehabilitation Long-Term training Program. GSU, SDSU, and UNT are partnered with selected State VR Agencies to provide continuing education through distance learning to VR counselors with RSA Regions IV, VI, and IX in support of Comprehensive System of Personnel Development (CSPD) plans. Please indicate on this cover sheet in which RSA Region you are employed.

Region IV \_\_\_\_ Region VI \_\_\_\_ Region IX \_\_\_\_ Region \_\_\_\_

### Host Campus Program Addresses

#### **Region IV**

CDER Rehabilitation Counselor Program  
c/o Program for Rehabilitation Leadership  
School of Policy Studies  
Georgia State University  
MSC 2A 1245  
33 Gilmer Street, SE – Unit 2  
Atlanta, GA 30303-3082  
Phone: 404/651-3485  
Fax 404/651-4731  
E-mail: padsgs@langate.gsu.edu  
Sally Siewert

#### **Region IX**

CDER Rehabilitation Counselor Program  
c/o Interwork Institute  
San Diego State University  
3590 Camino del Rio, North  
San Diego, CA 92108  
Phone: 619/594-7772  
Fax: 619/594-4208  
E-mail: tturner@interwork.sdsu.edu  
Tom Turner

#### **Region VI**

CDER Rehabilitation Counselor Program  
c/o Department of Rehabilitation,  
Social Work, & Addictions  
P.O. Box 311456  
410 Avenue C, Chilton Hall Rm. 218  
Denton, TX 76203-1456  
Phone: 940/565-2488  
Fax: 940/369-8649  
E-mail: isom@unt.edu or  
hillary@unt.edu  
Rodney Isom or Hillary Talatzko

# Application for Admission to the CDER Rehabilitation Counseling Program

Degree Objective: Master of Science in Rehabilitation Counseling

Date Received: \_\_\_\_\_

*Please type of print. Additional pages may be used if necessary.*

Name: (Mr., Ms., Mrs.) \_\_\_\_\_  
Last First Middle Maiden

Work Address: \_\_\_\_\_  
Street City State Zip Code

Work Telephone: \_\_\_\_\_ Work E-mail: \_\_\_\_\_

Name/Telephone of VR Agency & Supervisor: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip Code

Home Telephone: \_\_\_\_\_ Home E-mail: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Legal resident of what state? \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Ethnic Background (opt.): \_\_\_\_\_

Computer for course work: (PC or Mac) & Model (Pentium, G3, etc.): \_\_\_\_\_

E-mail/Internet software and version: \_\_\_\_\_

Word processing software and version: \_\_\_\_\_

**Employment History: List in chronological order, beginning with current position,  
all paid and volunteer employment**

| <b>Employment History</b> | <b>Dates</b> | <b>Description of work</b> |
|---------------------------|--------------|----------------------------|
|                           |              |                            |

**Education History: List in chronological order, beginning with most recent experience**

| <b>School &amp; Location</b> | <b>Dates</b> | <b>Major</b> | <b>Minor</b> | <b>Degree and/or Credential</b> |
|------------------------------|--------------|--------------|--------------|---------------------------------|
|                              |              |              |              |                                 |

**Relevant Course work (in psychology, sociology, counseling, etc.)**

| Year | College | Title of Course | Semester Hours | Grade | Graduate Credit? |
|------|---------|-----------------|----------------|-------|------------------|
|      |         |                 |                |       |                  |

Grade Point Summary (Compute on four-point scale with A=4, B=3, C=2, D=1)

Undergraduate GPA \_\_\_\_\_ Post Baccalaureate GPA \_\_\_\_\_ No. of postgraduate units \_\_\_\_\_

Graduate Record Examination (GRE)

Date Taken \_\_\_\_\_ Score: Verbal \_\_\_\_\_ Quantitative \_\_\_\_\_ Total \_\_\_\_\_

If not completed, date exam is scheduled to be taken \_\_\_\_\_

**Letters of Recommendation:** Please solicit letters of recommendation from three (3) persons who are acquainted with your interpersonal skills, academic background, employment potential, and/or work or volunteer experience. One letter should be from your immediate supervisor. There is no recommendation form used; simply ask the person writing letters for you to send them directly to the Rehabilitation Counselor Program office.

**Payback Requirements:** As an RSA Scholar within the CDER program, you must be aware of and agree to the provisions of the Federal regulations at Title 34 of the Code of Federal Regulations, Part 386, which stipulate conditions of receipt of scholarship support for your training under the Long-Term Training (LTT) Program. You will be provided a copy of the RSA LTT scholarship information manual for review. Prior to participating in course work, you will be required to sign a separate scholarship agreement.

**Note:** This application is for admission to the CDER II Rehabilitation Counselor Program only. Separate application must be made to the University and to the Graduate Division.

*Please include an additional page to supply the Admission Committee with a verbal picture of yourself as a person. Particularly helpful would be a discussion of your professional goals as they apply to your reasons for seeking admission to the Rehabilitation Counselor Program. In addition, please submit a recent photograph of yourself for our student record/website (optional).*