

Professional Development Certificate Program Enrollment Form

Organizational Competencies

Change and Transition	Leadership
Clinical	Organizational Knowledge
Creativity	Quality
Customer Service	Regulatory Compliance
Diversity	Team Building
Fiscal	Technical
Interpersonal	

I. Learning Contract

A supportive partnership with the manager/supervisor is key to helping ensure the Professional Development Certificate Program is an effective learning tool and positive experience for participants.

Please answer the questions below in consultation with your manager.

(Please print or type)

1. Which of the organizational competencies listed above do you hope to concentrate on in this program?

2. How will enrolling in this program enhance your ability to do your job?

II. Enrollment Information

Note: VCU faculty and classified staff are eligible to participate in the Professional Development Certificate Program.

Applicant Name *(please print or type)* _____ *V-ID # _____

Applicant Signature _____ Date _____

Check applicable category: Faculty Classified

Job Title _____ Work Phone _____

Department _____ P. O. Box # _____

Are you a supervisor or manager? Yes No If "yes," how many staff do you supervise directly? _____

Supervisor/Manager Name *(please print or type)* _____

Supervisor/Manager Signature _____ Date _____

*Contact your Personnel Administrator for your V-ID #.

For HR Use Only

Received _____ Entered into Registrar _____ Confirmation Mailed _____ Initials _____