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) _______________________________ Date __________________________
Supervisor/Manager Signature _______________________________ Date __________________________

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

For HR Use Only

Received _______ Entered into Registrar _______ Confirmation Mailed _______ Initials _______

VCU Human Resources • Office of Training and Development • P.O. Box 842511
600 West Franklin Street • Lindsey House • Richmond, VA 23284-2511
Phone 828-0179 • Fax 828-8697 • Email traindev@vcu.edu • Web www.hr.vcu.edu/training/professional.html
Revised March 2007