

RESUME

AGENCY ACCREDITATION VISITOR

This form is to be completed by individuals interested in being considered for selection to the visitation teams of the Commission for Accreditation of Park and Recreation Agencies. It will be sent to agencies for their review when you are one of the recommended visitors.

INSTRUCTIONS

Please read carefully!

- 1. Use additional sheets if necessary. However, a maximum of 10 pages will be sent to agencies for their review.
- 2. Please use this format. It is essential to have information on all visitors in easily comparable format.
- 3. You must -
 - a. use this format, adding additional sheets and expanding space as necessary
 - b. send this form <u>electronically</u> to <u>CAPRA@nrpa.org</u>.

For further information contact:

CAPRA@nrpa.org or 703-858-2155



RESUME AGENCY ACCREDITATION VISITOR

		Date Prepared:			
Name:			Title:		
O	Organization:				
Address 1:					
Α	Address 2:				
С	city:		State:	Zi	p:
Р	Phone:		Cell:		
E	mail:				
Α	Are you retired?	Yes No	When did you retire?		
1.	Prior Professiona Dates	-	Agency/Institution		City and State
2.	Education:				
	Institution		Field/Specialization	<u>Degree</u>	<u>Date</u>
3.	Certifications:		Title	Certifying Body	

4.	Professional Training List only engine workshops "cohoole" attained regular conferences or CELI programs of any day or loss for				
	List only special workshops, "schools", etc; not regular conferences or CEU programs of one day or less for maintaining certification.				
	Program Name Date & Length Each Year				
5.	Professional Service				
J.	Give date, organization, position(s) held; include only major state, regional, or national organization offices				
	held or special taskforce/committee service				
6.	Publications/Articles Give full bibliographical reference				
7.	Major Presentations Give date, title, nature (keynote, workshop, et al) and where/to whom presented.				

8.	Honors/Awards
9.	Special Interests
A .4 .4:	
Addi	itional information pertinent to being a visitor: