

Professional Preparation in Cochlear Implants (PPCI)

Directions for Application Completion

- Questions about the application process should be submitted to ppci.information@gmail.com – or you can leave a voicemail message at 267-426-5084. We will return your call promptly.
- Prior to completing the formal application, please send a simple email to ppci.information@gmail.com indicating your **intent to apply**. The “due date” for this email is noted in the TRAINING COURSE SCHEDULE link on our website.
- Application materials, such as essays and resumes/curriculum vitae may be submitted electronically as soon as they are completed, and in advance of the deadline to ppci.information@gmail.com

Please note: This application is a non-writeable PDF document. You must print and complete the form by hand. If you wish to return this document electronically, you will need to scan and return it via email. Otherwise you can return it via fax (Attn: PPCI Training Program Fax # 215-590-5641), or you can return it via snail mail to:

PPCI Training Program
The Children’s Hospital of Philadelphia
Center for Childhood Communication – Audiology
3405 Civic Center Boulevard
Philadelphia, PA 19104
Phone: 267-426-5084
Fax: 215-590-5641

A **complete** application packet should include the following:

- Application (including essays)
- Resume/CV
- Two (2) professional references
- Copy of professional licensure/certification
- Official transcript

IMPORTANT INFORMATION FOR APPLICANTS:

1. Please request one official copy of either your undergraduate or your graduate school transcripts. You should contact the Registrar's Office at your college/university for more information about obtaining official documentation of your courses and grades. You may request that your transcript be sent directly to PPCI Training Program, The Children's Hospital of Philadelphia, Center for Childhood Communication – Audiology, 3405 Civic Center Boulevard, Philadelphia, PA 19104. OR, you can request that the copy be sent to you and you can include it with your complete application materials packet.
2. All of the documents required for a complete application packet must be received by the application deadline for the session of the program to which you are applying. You will receive confirmation when your complete application packet has been received.
3. Applicants may indicate their preference for location of training, but acceptance at another site may be offered in lieu of the first choice. Applicants who are not selected may be given the opportunity to be considered for acceptance in the next scheduled class without resubmission of documentation, but the candidate must indicate this in writing to Mary Ellen Nevins, PPCI Program Director. Subsequent applications will need to be updated.

Official PPCI Application

General Information:

Name:

Mailing Address:

Home Telephone:

Cell Telephone:

Work Telephone:

Preferred/Most Reliable Email Address for Correspondence:

How did you learn of PPCI?

U.S. Citizen? Yes No

If no, country of citizenship:

Will you require a visa to study in the U.S.? Yes No

Have you ever been convicted of a felony? Yes No
(If yes, please attach an explanation)

Profession

Please check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Teacher of the Deaf/Hard of Hearing | <input type="checkbox"/> LSLS Cert. AVEEd |
| <input type="checkbox"/> Early Intervention Specialist | <input type="checkbox"/> Administrator |
| <input type="checkbox"/> Speech-Language Pathologist | <input type="checkbox"/> Audiologist |
| <input type="checkbox"/> LSLS Cert. AVT | <input type="checkbox"/> College/University Faculty |
| | <input type="checkbox"/> Other: |

Years of experience working with children who utilize cochlear implants or hearing aids _____

Number of children on caseload who utilize cochlear implants or hearing aids _____

PPCI Session Requested

Please indicate first and second choice for summer or winter:

Location:

- Atlanta, GA
- Indianapolis, IN
- Philadelphia, PA
- San Antonio, TX
- San Francisco Bay Area/Redwood City, CA

Session:

- Summer Session, 20__
- Winter Session, 20__

Educational Background

Please list in order of MOST recent:

College or University:

City or State:

Dates Attended:

Major:

Degree:

College or University:

City and State:

Dates Attended:

Major:

Degree:

College or University:

City and State:

Dates Attended:

Major:

Degree:

Continuing Education:

Please list any coursework you have taken which included discussion of cochlear implants and/or oral deaf education and intervention. You may include non-matriculated courses lectures and conferences:

Recent and Relevant Work Experience:

Employer:

Address:

Position/Title:

Setting:

Population:

Ages Served:

Dates:

Employer:

Address:

Position/Title:

Setting:

Population:

Ages Served:

Dates:

Employer:

Address:

Position/Title:

Setting:

Population:

Ages Served:

Dates:

Essays:

Please attach your responses to the following questions in a Microsoft Word document. Please limit your responses to **300 words or less per question**.

1. Describe the type of environment in which you live and work (rural, urban, etc.). Identify the current challenges to providing excellent services to families and children using a listening and spoken language approach. What is your vision for how attendance at PPCI might assist you in addressing these challenges?
2. What personal qualities do you possess that would assist you in becoming a contributing member of our professional education community?

Recommendations

You are required to submit two (2) professional letters of recommendation:

- One letter of recommendation **must** be from your immediate supervisor, detailing the qualifications you possess that make you suited for this program. Your supervisor must also indicate his/her commitment to support the implementation of your professional strategic plan for change. The supervisor must indicate authorized of release time from the work place, if necessary, for attendance.
- Your second letter should be from a colleague or associate identifying the personal and professional strengths you can bring to the program.

Name:

Title:

Address:

Email:

Relationship:

Name:

Title:

Address:

Email:

Relationship:

Cost

The academic costs of PPCI are generously covered by a training grant and include access to prerequisite material, enrollment in a web platform Community of Practice, onsite instruction, a mentoring component, a capstone meeting and a college credit tuition fee (nine graduate credits from Smith College, Northampton, MA, awarded upon successful completion of the program). Travel, lodging and onsite expense costs are estimated to be \$2,000-\$2,500 (unless a day commuter) and are borne by the sending state, district or agency, or individual.

Local Arrangements

Upon acceptance to PPCI, participants who will require accommodations will be given more information regarding lodging options for their time period during onsite learning. Participants always have the option of seeking alternate accommodations independently. Participants should be prepared to travel from their accommodations to the on-site location each day, and will be responsible for the any costs associated with transportation/travel.

Other Requirements

Participants are encouraged to bring:

A laptop

A flash drive

Sufficient notebooks, binders and other materials to facilitate the organization of learning

I, the undersigned, hereby certify that the information contained in this application is accurate and complete.

Signature:

Date:

The Children's Hospital of Philadelphia does not discriminate on the basis of race, color, gender, sexual orientation, age, religion, national or ethnic origin, disability or veteran status.