

UAA Center for Human Development

Application for Certification in Person-Centered Planning

Last Name:	First Name:	Middle Initial:
Street Address:	City, State:	Zip:
Mailing Address (if different):	City, State:	Zip:
Telephone Numbers: Home: Work: Cell:	e-mail address:	
This application is for: ___ New facilitator ___ Experienced facilitators new to Alaska ___ Grandfathered (trained/experienced facilitators with training provided before January 2007).	Reference Letters attached? Yes No	

Section I. Please list your training/education in person-centered planning.

Section II. Person-Centered Plan

Type of Plan(s) submitted:	Date completed:

**With acceptance to the PCP Certification program, certified PCP facilitators agree to 12+ hours of mentoring of new facilitators. **Attach copy of plan(s) for scoring for certification*

Signature of Applicant: _____ Date: _____