

NCDA FCD Application for Training/Certification Acceptance and Success

Course Taught/Authorized by Ellen Weaver Paquette, MA, CAGS, NBCC, NCDA  
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Applicant's Name:

Contact information including address, work telephone, mobile, time zone and email address:

What is your level of completed formal education: Circle One

High School      Associate degree      Bachelor degree      Master degree  
Post graduate degree

How many years of fulltime employment have you completed in the field of career development? Describe:

Sample Student Agreement-Read, review, sign, date and make a copy for yourself.

Technology- check each

I agree that I have consistent access to the appropriate technology and Internet connection needed to complete this hybrid CDF training/certification.

I agree to have the following for my computer: DVD drive, Adobe Acrobat Reader, Windows Media Player, Real Player, Word, and a printer.

Course-check each

I agree to log on to the assigned learning platform, LMS. Etc. to perform assigned work every 3-4 days as required by my Instructor.

I understand that I may be asked to leave the training/certification if I do not complete work for a two-week period.

I agree to make/take the time necessary to complete all weekly assignments and will ensure that this is completed. Some weeks may be lighter than others; some weeks may be heavier than others but make sure that you allot enough time to complete your work.

I agree that I have only 10 days from the due date to make up any and all missed work.

I agree to contact my Instructor if I am falling behind, am ill or have unforeseen circumstances present themselves.

I understand that if I am not familiar with the technology presented to me that I would find help in my local area to assist me.

#### Face-to-Face meetings- check each

I understand that face to face meetings are required and that there will be additional travel related expenses that I will be responsible for while meeting this obligation.

I understand that I may be required to participate in Skype calls by myself or with a group, such are as important as the face-to-face component.

I agree that if I miss all or part of the required face-to-face meetings or Skype meetings I may forfeit my certificate.

#### General Ethical Responsibilities-check each

I agree to abide by the FCD code of ethics.

I agree that I will complete my own, original work, not plagiarizing from class members or any other sources.

I agree that I will not copy, share, discuss or violate the copyright restrictions of the learning platform, especially sharing user names and passwords with others.

#### Netiquette Recommendations for the FCD certification/training- check each

I will communicate full written thoughts in acceptable written English, without the use of icons, emoticons, abbreviations or work truncations. Full paragraphs, nouns, verbs, correct spelling and punctuation required.

\_\_\_ I understand that I am in a course with others and will respect their input, respond in a timely and respectful manner to their postings and all other assignments.

\_\_\_ I will use the subject line when uploading assignments or in discussion forums so all may understand and reference my comments easily.

\_\_\_ I will not assume that all communications are entirely private, nothing is on the Internet. I will never give my user name and password to anyone else.

\_\_\_ I will include my name on every posting, comment, upload and all other assignments for points of reference.