

# IN WHICH PROFESSIONAL CERTIFICATE PROGRAM DO YOU WISH TO ENROLL?

Please choose only one:

- AFFORDABLE HOUSING**
  - Funding and Finance
  - Project Management
- ASSET MANAGEMENT**
- COMMUNITY ECONOMIC DEVELOPMENT**
- COMMUNITY AND NEIGHBORHOOD REVITALIZATION**
- ~~**COMMUNITY ENGAGEMENT**~~ Not currently available for enrollment
- CONSTRUCTION AND REHAB**
- HOMEOWNERSHIP AND COMMUNITY LENDING**
- NONPROFIT MANAGEMENT AND LEADERSHIP**
  - Organizational Leadership
  - Organizational Management

[Get more information on the Professional Certificate programs](#), including course requirements for each of the certificates.

## PROFESSIONAL CERTIFICATE PROGRAM ENROLLMENT FORM

Please complete this enrollment form and return it with the \$100 nonrefundable enrollment fee to NeighborWorks America at the address below. Please complete all blanks (use N/A if a section does not apply) and please print. Enrollment cannot be processed without payment.

Mr.  Ms.  Mx. Full Name \_\_\_\_\_

Position/Title \_\_\_\_\_

Organization \_\_\_\_\_

Organization Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone \_\_\_\_\_ Office Fax \_\_\_\_\_

Office Email \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Fax \_\_\_\_\_

Personal Email \_\_\_\_\_

How long have you been in your current position? \_\_\_\_\_

How long have you been in the community development field? \_\_\_\_\_

What is the highest level of education you have completed?  Some high school  High school diploma/GED  
 Some college  Bachelor's degree  Master's degree  Doctoral degree

Which sector do you represent?  Public  Private  Nonprofit

Are you affiliated with a NeighborWorks organization?  Yes  No

Please specify any degrees/professional certificates you have earned: \_\_\_\_\_

### PAYMENT INFORMATION

Professional Certificate enrollments will not be processed without the **\$100** nonrefundable fee per program.

**For Check Payments:**  Check enclosed. Check number \_\_\_\_\_ (payable to NeighborWorks America)

Please return this form and the \$100 enrollment fee to Neighborhood Reinvestment Training,  
P.O. Box 418630, Boston, MA 02241-8630. (This is a P.O. Box and cannot receive FedEx Shipments.)

**For Credit Card Payments:**  I would like to pay by credit card.

We will send an e-invoice payable online to the email address that should be billed for this program enrollment within two (2) business days. The e-invoice will come from NeighborWorks America (noreply@elewan.com).

**Email address for person paying the e-invoice by credit card:** \_\_\_\_\_

**If paying by credit card, email form to [nwcertificates@nw.org](mailto:nwcertificates@nw.org) or fax it to (800) 834-3758.**

For more program information or customer support, please call (800) 438-5547 or email [nwcertificates@nw.org](mailto:nwcertificates@nw.org).