



**Advanced Administrative Assistant Certificate Program
(Advanced AACP)**

Notice of Intent to Participate

Participant Name: _____ Department: _____

Email: _____ Phone: _____ MSC: _____

Supervisor's Name: _____ Email: _____ Phone: _____

Briefly describe your administrative duties: _____

Participation in the Advanced AACP cohort will be determined based on the following criteria:

- Continuous employment at James Madison University for one full year (exceptions may be considered)
- Completion and use of skills gained in the Basic Administrative Assistant Certificate Program (AACP)
- Currently serving in an Administrative Assistant role for minimum of two full years

Signatures below indicate understanding that participants will be learning about various areas of administrative assistant skills and functions applicable to current job responsibilities. This also represents commitment to complete the program. Some workshops may need to be repeated if they are not completed within three years from the date of this form in order to receive a certificate.

Participant Signature: _____ Date: _____

Supervisor's Approving Signature: _____ Date: _____

Return this completed form to Talent Development, MSC 5808 or email a scanned copy to td@jmu.edu. If you have any questions, please contact Suzanne Vance at (540)568-4101 or vancesn@jmu.edu.