



EAGLE Peer Reviewer Application

Individual Contact Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Current Employment Information

Name of Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Title: _____

Number of years with this employer: _____

Phone: _____ Email: _____

Primary services provided, select all that apply:

Services to Children, Youth & Family

Services to Persons with Disabilities

Services to Older Adults Community

Based Services

Is your organization currently EAGLE accredited? Yes No

If yes, describe your role with the EAGLE accreditation process:



EAGLE ACCREDITATION

Education / Professional Experience

Please attach a resume or CV that includes pertinent education, specialized studies or certifications that you have obtained as well as professional experience for at least the last 15 years.

Reviewer Experience

Are you a reviewer with any other accrediting body? Yes No
If yes, please list the accreditation program(s)?

Have you managed or coordinated an accreditation process at your organization? Yes No
If yes, please list the accreditation program.

Additional Information

How did you learn about becoming an EAGLE Peer Reviewer?

Did someone refer you to become an EAGLE Peer Reviewer? Yes No
If so, who?

Why are you interested in becoming an EAGLE Peer Reviewer?

I understand that by submitting this application I agree to participate on at least one site visit annually, as warranted by the number of scheduled site visits. I also understand that submitting this application does not guarantee that I will be accepted as a peer reviewer. Selection and scheduling of peer reviewers is completed at the sole discretion of the United Methodist Association.

Name & Signature

Date

Name & Signature, Chief Executive Officer

Date