



**Braille Transcriber Apprentice Program (BTAP)**

FY2015 Pilot Program

(October 1, 2014 - September 30, 2015)

**Application**

*Please print out, complete, and mail application to APH as instructed on last page.*

*[Use the blank page on the back if you need additional space.]*

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI \_\_\_\_

Prison ID Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name of Correctional Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Prison Braille Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Release Date (*if already released*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A. Please read carefully and check the appropriate box for your**

 **situation now:**

 **Current Applicant**

□ I have either already been released from prison (date noted above), **or**

□ I have **less** than one year remaining before my next parole board meeting or serve out date. I have read the BTAP Eligibility Requirements and I believe that I qualify for this pilot program. I am sending to APH a completed application, **along with all attachments** requested. I understand that APH will contact me within one month of receiving my completed application and attachments to discuss my status as a BTAP candidate.

 *Signature of Applicant* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Future Applicant**

□ I am currently participating in a prison braille program and I have **more** than one year remaining before my next parole board meeting or serve out date. I am sending to APH a completed application form **without the attachments** requested. I understand that when I have less than one year remaining before my next parole board meeting or serve out date, and if BTAP is still operational, I must resubmit an updated application and send it, along with all attachments requested to APH in order to be considered a Current Applicant. APH will confirm receiving my application within one month of receipt.

 *Signature of Applicant* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*BTAP Application page 2*

**B. Contacts**

If you have not yet been released and we cannot reach you directly, who should we call? For example, a professional working within the prison as braille program manager, caseworker, vision professional...

Primary Contact

 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Mailing address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary contact

 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Mailing address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**C. Status and Availability**

Current Charge(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brief description of the crime(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Length of sentence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date sentence began: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of times you have appeared before the parole board on present sentence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Next parole board hearing scheduled (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated release/serve out date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Following release, will you be restricted in any way that could impact braille transcription efforts (such as, not allowed to use computers)? If so, please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Additional information about your release that may be helpful to program planners: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**D. Education (*not related to Braille*)**

Highest grade completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diplomas/degrees/certificates received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Additional education programs and years completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Other programs of any type that you have participated in while incarcerated to prepare for release: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Computer software programs you are familiar with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**E. Work Experience (*not related to Braille*)**

Jobs held while incarcerated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Jobs held prior to incarceration, and dates of employment:

 Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Company/Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Dates (month/year): from \_\_\_\_\_\_­/\_\_\_\_\_ to \_\_\_\_\_\_/\_\_\_\_\_\_

 Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Company/Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Dates (month/year): from \_\_\_\_\_\_­/\_\_\_\_\_ to \_\_\_\_\_\_/\_\_\_\_\_\_

*BTAP Application page 4*

**F. Braille Transcription Qualifications**

Date you joined the prison braille program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certifications you have earned and dates completed:

 \_\_\_ NLS Literary Braille Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_ NLS Literary Braille Proofreading \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_ NLS Nemeth Braille \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_ NLS Nemeth Braille Proofreading \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_ NLS Music Braille \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_ NBA Textbook Formatting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other braille certifications earned and dates completed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Certification work in process (i.e., *Nemeth Code, Lesson 12*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Computer programs used in braille transcription: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**OR:** \_\_\_\_ I produced braille primarily with a braillewriter

**G. Tactile Graphics Experience**

Check the level that best describes your tactile graphics experience:

\_\_\_ Novice - I know very little about tactile graphics design and production.

\_\_\_ Intermediate – I learned the basics of tactile graphics design and production.

\_\_\_ Advanced - I have a lot of experience designing and producing tactile graphics

 using various media.

\_\_\_ Expert - I am confident that I can design and produce all types of tactile graphics with little direction from others.

Approximately how many tactile graphics masters have you created: \_\_\_\_\_\_\_\_\_

What processes have you used to create tactile graphics (such as collage, computer generated, Tiger...)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What software have you used to create graphics (such as Corel Draw)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**H. After Release**

Check areas of additional training and/or experience you would like to pursue:

 \_\_\_ Computers and/or software. Indicate program(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_ Textbook formatting

 \_\_\_ Tactile graphics

 \_\_\_ Operating an independent braille business

 \_\_\_ Marketing braille services

 \_\_\_ UEB (Unified English Braille Code)

List all other areas in which you hope to improve your braille-related skills: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**I. Explain why you are an ideal candidate for the Braille Transcribers**

 **Apprentice Program (BTAP):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please mail completed application to:**

Nancy Lacewell, Public Affairs

BTAP Application

American Printing House for the Blind

1839 Frankfort Ave

Louisville KY 40206

 *October 1, 2014*