



Iowa Economic Development Certification

Employer Consent & Applicant Certification Form

Employer Information:

Employer's Consent and Participation Agreement

I, _____ (name), _____ (title), hereby consent to allow _____ (employee name) the necessary time to meet the participation requirements of the PDI ConnectED program. I further agree to cover the cost of the program and to support the employee's ongoing professional development.

Employer Name _____

Supervisor Signature _____ Date _____

Applicant's Certification

If I am granted a scholarship, I hereby certify:

1. I fully understand my obligations in participating in PDI ConnectED
2. The information submitted herein is true, accurate, and correct.
3. I will fulfill the requirements of attendance and prescribed studies of the program.

Applicant's Signature _____ Date _____

Incomplete or unsigned forms will not be considered. Please make sure the required attachments are uploaded within the application.

Questions? Please contact PDI at director@pdiowa.com or 515-750-2310 (Ext. 8).