



Date Certification Expires (MM/YY) \_\_\_\_\_  
 MEMBER # \_\_\_\_\_

## Application for Professional Certification

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment #	
City	State	ZIP	
Phone	E-mail Address		
Name of School or Practice			
NILD Membership		<input type="checkbox"/> School <input type="checkbox"/> Private Practice	
		<input type="checkbox"/> Initial Certification <input type="checkbox"/> Recertification	
GENERAL REQUIREMENTS ( <i>INITIAL CERTIFICATION APPLICANTS ONLY</i> )			
Level I	Year	State	
Level II	Year	State	
Level III	Year	State	
PROFESSIONAL DEVELOPMENT REQUIREMENTS ( <i>FOR RECERTIFICATION APPLICANTS ONLY</i> )			
<i>Attendance at 3 Regional Conferences within the past five years</i>			
Year	State		
Year	State		
Year	State		
<i>Complete <b>ONE</b> of the following options:</i>			
<input type="checkbox"/> 3 Graduate Credits-- Grade: _____ Course: _____ Institution: _____			
<b>OR</b>		<b>OR</b> <input type="checkbox"/> 3 CEUs- send copies of certificates	
<input type="checkbox"/> FIE Training --Level: _____ Year: _____ State: _____		<b>OR</b> <input type="checkbox"/> <u>TWO</u> of the NILD workshops below- circle please:	
<input type="checkbox"/> GET or Rx for Discovery Reading Year: _____ State: _____		Search & Teach    WJIII    Math	
<input type="checkbox"/> NILD Mentor Year: _____		Year: _____ State : _____	Year: _____ State: _____
<u>TWO LETTERS OF REFERENCE-(<i>RECERTIFICATION ONLY</i>)</u>			
School Based Program: <input type="checkbox"/> School Administrator <u>and</u> <input type="checkbox"/> NILD program coordinator Or Private Practice: <input type="checkbox"/> Parent of current student <u>and</u> <input type="checkbox"/> Teacher of current student			
NILD EDUCATIONAL THERAPY® EXPERIENCE ( <i>ALL APPLICANTS</i> ) 400 HOURS IN PAST 5 YEARS			
<input type="checkbox"/> Total student contact hours as supported by progress charts _____ hours from (year): _____ to _____			
SIGNATURE			
I certify that my answers are true and complete to the best of my knowledge.  If this application leads to certification, I understand that false or misleading information in my application may result in my loss of professional certification. I understand I will be certified for a period of 5 years from the date my application for certification is approved			
Signature			Date



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### APPLICATION FEE

\$250 Recertification / Initial certification

Check enclosed. **Please make check payable to NILD in U.S. currency only.**

Charge \$ \_\_\_\_\_ to my:  Visa  MasterCard Expiration Date \_\_\_\_\_

Account Number: \_\_\_\_\_ VCode: \_\_\_\_\_

\_\_\_\_\_  
**Cardholder Name** (please print)

\_\_\_\_\_  
**Signature** (required when using credit card)

\_\_\_\_\_  
Credit Card Billing Address- include zip code