

ICD WAIVER APPLICATION (LEVEL II AND EXAM)

Utilize this form for consideration of a waiver for an existing ICD Certification Program requirement. Each waiver request must be on a separate form. You must submit the form (per instructions below) prior to sending any completion application to ICD headquarters or you will incur a processing fee.

Last Name: _____ First Name: _____

Company: _____

Address: _____

City: _____ State/Province: _____ Zip Code: _____ Country: _____

Phone (Day): _____ Phone (Evening): _____

Fax: _____ Email: _____

I am requesting a waiver for entry into (select only one):

- | | |
|--|---|
| <input type="checkbox"/> Level II CD Specialist | <input type="checkbox"/> Level II Aging Specialist |
| <input type="checkbox"/> Level II ADD Specialist | <input type="checkbox"/> Level II Hoarding Specialist |

Reason:

- It has been more than three (3) years since I earned the required Level I Certificate of Study in the ICD Certification Program.

Date and previous Level earned: _____

- I am requesting permission to register for two (2) Level II Specialist Certificate Exams, one of which is the CD Exam (please submit names of Level I Certificates of Study you have earned). **Note: The CD Exam must be taken first and passed before you may take any other Level II Specialist Exam.**

Please list Level I Certificates of Study earned:

- I have not yet earned the required Level I Certificate of Study. Please briefly explain your situation (please submit names of teleclasses for which you have earned credit, dates of previous exams passed):

To fulfill the requirements, the ICD Certificate Program Director may request:

Level II – Attending all required teleclasses not previously earned on select Level I Certificates of Study. This may also involve retaking of several required classes for current/updated knowledge and practices.

Please Note: The ICD reserves the right to disallow student program entry if specific requirements are unable to be satisfied successfully within a reasonable amount of time or prior to program anticipated entry or class deadlines. The review of the waiver for each of the Certificate or Certification Levels may take up to four (4) weeks to process. You will receive an email notifying you of waiver acceptance or denial.

Please email completed waiver form to ICDCERT@ChallengingDisorganization.org.