



**LEVEL III – APPLICATION: CERTIFIED PROFESSIONAL ORGANIZER IN CHRONIC DISORGANIZATION
(January 2017 – September 2018)**

Deadline: **November 20, 2016** ~ Classes begin January 2017

Last Name: _____ First Name: _____

Company: _____

Address: _____

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

Please list a street address for delivery of printed materials and supplies. If you only have a Post Office Box, please let us know so we can make alternative shipping arrangements.

Phone (Cell): _____ Phone (Landline): _____

Fax: _____ Email: _____

QUALIFICATIONS

Qualification 1 I have been a subscriber in good standing of the ICD for at least two (2) years.

Qualification 2 I have been working as a professional organizer for at least two (2) years. *(Please attach proof of business activity dated at least two (2) years ago.)*

Qualification 3 I am currently working professionally with **at least** three (3) CD clients, and have experience with **at least** five (5) CD clients. *(Please attach list of clients – initials only – and a brief description of CD issues.)*

Qualification 4
(need 2 of 3)

I received my Level I Hoarding Certificate on:

Month/Year

I received my Level I ADD Certificate on:

Month/Year

I received my Level I Aging Certificate on:

Month/Year

Qualification 5 I received my Level II CD Specialist Certificate on:

Month/Year

Qualification 6
(Minimum 1)

I received my Level II ADD/HRD/AGE Specialist Certificate on:

Certificate/Month/Year

I received my Level II ADD/HRD/AGE Specialist Certificate on:

Certificate/Month/Year

Qualification 7 I have read or listened to at least eight (8) books on organizing or related topics. *(Please attach list of 8 organizing books you have read)*



Qualification 8 **Acknowledgement of Program Withdrawal and Refund Policies**

I understand that if I fall more than two (2) months behind a regularly scheduled session with my Program Mentor I must make arrangements to voluntarily suspend my program or I will be considered to have withdrawn from the program.

Voluntary Suspension or Withdrawal from CPO-CD® Program

CPO-CD® candidates may voluntarily suspend their studies, in consultation with the Certification Program Director. They must complete a CPO-CD® suspension of program application – voluntary, and pay the appropriate administrative fee. Voluntary program suspensions will be evaluated on a case by case basis. In the event that a candidate leaves the program permanently, program refund policies apply, and no credit will be given for any work completed in the program.

Level III Program: Refund Policy

Level III training program candidates have the option of paying the full cost of the program prior to the commencement of the program or of participating in a payment plan allowing for four (4) payments to be made, the last of which is due on June 15th of the first year of class.

Should it become necessary for a candidate who has paid in full in advance to withdraw from the Level III Training Program, any refund would be issued in accordance with the following schedule:

- Withdrawal prior to the first session with a mentor coach – full refund less \$250 processing fee
- Withdrawal prior to October 31st of the first year of class – partial refund of 25% of full course fee

No refunds will be issued subsequent to October 31st of the first year of class. Should it become necessary for a candidate who is paying via the payment plan to withdraw from the Level III Training Program, the following schedule shall be used.

- Withdrawal prior to the first session with a mentor coach – refund of any payments made to date, less \$250 processing fee
- Withdrawal after the first session with a mentor coach and prior to October 31st of the first year of class – the candidate is responsible for paying all but the final installment under the payment plan. If all installment payments have been made, a partial refund of 25% of the full course fee will be issued.

Subsequent to October 31st of the first year of class – the candidate is responsible for paying the full course fee, and no refunds will be issued.



- Qualification 9** I agree to the following Level III Commitments and Program Obligations
- Attend the Level III Orientation Teleclass on **January 11, 2017 at 8:00 p.m. Eastern (GMT-5)**
 - Complete **Public Service** tasks and **ICD Service** tasks. *Note to applicants: service points may be acquired up to two (2) years prior to the start of the Level III program.*
 - Sign a statement of confidentiality with my assigned program mentor.
 - Initiate the call to meet with my assigned program mentor for the 18 program sessions.
 - Communicate with the ICD Certification Director if my program mentor and I have difficulty with our overall communications or in our mentor relationship.
 - Complete *Level I Basic ADD Issues with the CD Client, Level I Basic Hoarding Issues with the CD client* and *Level I Understanding the Needs of the Aging CD Client* to achieve my graduation.
 - Hold three (3) *ICD Level II Specialist Certificates (including CD Specialist)* by my graduation date.
 - I am willing to complete the required reading, projects, five (5) written analyses, written case and assessment studies and complete the statistical survey and program paperwork. **Estimated 120+ hours.**
 - Sit for one (1) hour oral peer review at the culmination of my program. I understand that this will take place at the ICD Annual Conference and that there will be a cost associated with applying for the Peer Review.

I understand that meeting the entrance requirements is essential to my success in the program. My signature indicates I am willing to abide by the Commitments and Program Obligations.

Signature: _____ Date: _____

APPLICATION CHECKLIST – PLEASE REVIEW BEFORE MAILING

- Fee: \$3,000 (includes \$25.00 non-refundable application fee)
- Check Qualification #1, #2, #3, #7 and #8
- Annotated Certification Dates (Qualification #4, #5, and #6)
- Signature on Qualification #9
- Optional Payment Plan authorization (if applicable)

Payment Method:

Check (payable to ICD) Visa MasterCard Discover American Express

Credit Card #: _____ Exp. Date: _____

Name on Card: _____

Billing Address: _____

Authorized Signature: _____

Send to: ICD CPO-CD – Level III Program January 2017
1693 S. Hanley Rd.
St. Louis, MO 63144

Or electronically to ICD@ChallengingDisorganization.org

Also: Send electronically, without payment info to: ICDCERT@ChallengingDisorganization.org

DEADLINE for January 2017 Program: Application must be postmarked by November 20, 2016.



LEVEL III PAYMENT PLAN APPLICATION

This form is intended to be used in conjunction with the Level III application form. If you intend to take advantage of the Optional Payment Plan, please fill out the information below and attach it with your application. Otherwise, you do not need to include this as part of your application.

Payment Schedule:

These are the dates in which each installment is due either by check or credit card. Please return only the first payment stub with your application. *Do not "pre-pay" by sending post-dated checks or post-dated credit card charge authorizations.* Each payment should be mailed separately at such time as is reasonable for it to be received by the due date. *NOTE: Non-US residents we would prefer if you use a credit card as a form of payment.*

Please note that the first payment includes an additional \$75 fee for administrative costs associated with this option.

First Payment	Due upon receipt of application	\$825
Second Payment	February 15, 2017	\$750
Third Payment	April 15, 2017	\$750
Fourth Payment	June 15, 2017	\$750

I hereby acknowledge that I will be responsible for payments of my Level III application fees. Failure to meet the payment time-frames will result in removal from the Level III CPO-CD Certification Program.

Signature: _____ Date: _____

Please include this form with your Level III application form.



PAYMENT STUBS FOR LEVEL III PAYMENT PLAN

Second Payment

February 15, 2017

\$750

- Paying by Check
 Paying by Credit Card

Credit Card #: _____ Exp. Date: _____

Name on Card: _____

Billing Address: _____

Signature: _____

Third Payment

April 15, 2017

\$750

- Paying by Check
 Paying by Credit Card

Credit Card #: _____ Exp. Date: _____

Name on Card: _____

Billing Address: _____

Signature: _____

Fourth Payment

June 15, 2017

\$750

- Paying by Check
 Paying by Credit Card

Credit Card #: _____ Exp. Date: _____

Name on Card: _____

Billing Address: _____

Signature: _____