

## LEVEL II – APPLICATION FOR ADD SPECIALIST CERTIFICATE

Name used when attending teleclasses:

Today's Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Name as desired on certificate:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone (Day): \_\_\_\_\_ Phone (Evening): \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## QUALIFICATIONS FOR CERTIFICATE

**Qualification 1**  I certify that I am a subscriber in good standing with ICD

**Qualification 2** I earned my Level II CD Specialist Certificate on: \_\_\_\_\_  
Month/Year

**Qualification 3** I earned my Level I Basic ADD Certificate on: \_\_\_\_\_  
Month/Year

**Qualification 4** These are the six (6) additional ADD classes that I have attended.

I certify that I have attended the following teleclasses within the previous three (3) years.

**Qualifying Teleclass Title**

**Date**

1) Working with Your ADD Clients to Reduce Distractibility (ADD-320)	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____
6) _____	_____

**Qualification 5**  I certify that none of these teleclasses have been applied towards my Level I Basic ADD Issues Certificate Application.

**Qualification 6** I certify that I passed my ADD Exam on the following date: \_\_\_\_\_  
Month/Year

## APPLICATION CHECKLIST

To prevent administrative delays, please review the following checklist prior to mailing:

- Enclose copy of CD Specialist Certificate
- Enclose copy of Certificate of Study in Basic ADD Issues with the CD Client
- Enclose copy of Certificate of Passing - ADD Exam (within the last 2 years)
- Enclose this Application Form
- Fee: \$120.00** (Applications submitted in error will be subject to a \$15.00 non-refundable processing fee. Errors include two (2) or more of the classes not qualified for the specialty, incorrect dates and/or titles, classes listed without credit received, classes that have been used more than the maximum allowable number of times, classes which are listed in advance of the actual teleclass date, or illegible listings.)
- Mail check made payable to ICD and all above items to:

ICD-Certification Program  
1693 S. Hanley Road  
St. Louis, MO 63144 USA