

2650 S. Hanley Rd., Ste. 100 St. Louis, MO 63144 314-416-2236

www.challengingdisorganization.org icd@challengingdisorganization.org

| LEVEL II – APPLICATION FOR ADD SPECIALIST CERTIFICATE | | | |
|---|--|------------------------|--------------|
| Name used when attending teleclasses: | | T | oday's Date: |
| Last Name: | | | |
| Nama as dasina | | | |
| Name as desired on certificate: | | | |
| <u></u> | | | |
| | | | |
| Address: | Chata / Danning | 7: C 1 | Country |
| | State/Province: | | |
| | | | |
| Fax: | | Email: | |
| QUALIFICATIONS FOR CERTIFICATE | | | |
| Qualification 1 | | | |
| Qualification 2 | I earned my Level II CD Specialist Ce | • | |
| | | | Month/Year |
| Qualification 3 | I earned my Level I Basic ADD Certif | ficate on: | |
| Qualification 4 | 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 | | | |
| _ | h Your ADD Clients to Reduce Distrac | ctibility (ADD-320) | |
| | | | |
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| 6) | | | |
| Qualification 5 | | | |
| Qualification 6 | I certify that I passed my ADD Exam | on the following date: | |
| <u> </u> | rearmy that i passed my / 122 Exam | on the renewing date. | Month/Year |
| | APPLIC | ATION 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 2650 S. Hanley Rd., Ste. 100 | | | |
| St. Louis, MO 63144 USA | | | |