

LEVEL II – APPLICATION FOR AGING 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 Certificate of Study in Understanding the Needs of the Aging on: _____
Month/Year

Qualification 4 These are the six (6) Aging 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) Advanced Issues in Working w/the Aged: Organizing w/Grace & Dignity (AGE-260)	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____
6) _____	_____

Qualification 5 I certify that none of these teleclasses have been applied towards my Level I Needs of the Aging Certificate Application.

Qualification 6 I certify that I passed my Aging 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 Understanding the Needs of the Aging CD Client
- Enclose copy of Certificate of Passing - Aging 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