

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

www.challengingdisorganization.org icd@challengingdisorganization.org

LEVEL II – APPLICATION FOR HOARDING SPECIALIST CERTIFICATE			
Name used whe	n attending teleclasses:	Today	r's Date:
Last Name:			
Name as desired Last Name: Company:	d on certificate:	First Name:	
Address:	Ctata/Province:	7in Codo:	Country:
			Country.
QUALIFICATIONS FOR CERTIFICATE			
Qualification 1 Qualification 2	☐ I certify that I am a subscriber in I earned my Level II CD Specialist C	· ·	
Qualification 3	I earned my Level I Basic Hoarding	Issues Certificate on:	Month/Year
	Month/Year		
Qualification 4	on 4 These are the six (6) Hoarding classes that I have attended.		
2)	□ I certify that none of these telectors Certificate Application.	classes have been applied tow	Date
Qualification 6	I certify that I passed my Hoarding	Exam on the following date:	Month/Year
	APPLIC	CATION CHECKLIST	
Enclose cop Enclose cop Enclose this Fee: \$120.0 include two without cree which are lis		arding Issues with the CD Clier g Exam (within the last 2 years) ill be subject to a \$15.00 non-red ed for the specialty, incorrect of used more than the maximum s date, or illegible listings.)	efundable processing fee. Errors dates and/or titles, classes listed

St. Louis, MO 63144 USA

Rev. 4/20/17