



LEVEL I – FOUNDATION CERTIFICATE OF STUDY IN CHRONIC DISORGANIZATION

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

- I certify that I am a member in good standing with ICD.
- I certify that I have attended the following teleclasses within a three (3) year period of time.

Title	Date
1) Basic CD (CD-100)	_____
2) Boundaries and Ethics (CD-120)	_____
3) Basic Safety: Personal Safety Issues with CD Clients (CD-130)	_____
4) _____	_____
5) _____	_____
6) _____	_____

- Fee: \$114.00** (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 application to:

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