



**LEVEL I – CERTIFICATE OF STUDY IN BASIC PHYSICAL CONDITIONS  
AFFECTING THE CD CLIENT**

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) Working with Physically Challenged CD Clients (PHY-100)	_____
2) _____	_____
3) _____	_____
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