

**ICD WAIVER APPLICATION
(LEVEL III, PROGRAM MENTOR, MASTER TRAINER)**

Utilize this form for consideration of a waiver for an existing ICD Certification Program requirement. Each waiver request must be on a separate form. You must submit the form (per instructions below) prior to sending any completion application to ICD headquarters or you will incur a processing fee.

Last Name: _____ First Name: _____

Company: _____

Address: _____

City: _____ State/Province: _____ Zip Code: _____ Country: _____

Phone (Day): _____ Phone (Evening): _____

Fax: _____ Email: _____

I am requesting a waiver for entry into (select only one):

- Level III
 Program Mentor
 Master Trainer

Reason:

It has been more than 3 years since I graduated from the previous Level in the ICD Certification Program.
Date and previous Level earned. _____

Other. Please briefly explain your situation, and submit supporting documentation.

To fulfill the requirements, the ICD Certificate Program Director may request:

Level III – Attending all required teleclasses not previously earned on select Level I Certificates of Study or Level II Specialist Certificates. This may also involve the retaking of several required classes for current/updated knowledge and practices.

Program Mentor – Assignment of completion of newly added Level III requirements.

Master Trainer – Assignment of completion of newly added Level IV requirements.

Please Note: The ICD reserves the right to disallow student program entry if specific requirements are unable to be satisfied successfully within a reasonable amount of time or prior to program anticipated entry or class deadlines. The review of the waiver for each of the Certificate or Certification Levels may take up to four (4) weeks to process. You will receive an email notifying you of waiver acceptance or denial.

Please email completed waiver form to CertDir@ChallengingDisorganization.org.