



**1. Personal Information:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Personal: \_\_\_\_\_

Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

**2. Professional Designation:**

- A.     Educator                       Psychologist                       Psychiatrist
- Attorney                         Reading Specialist                 Dyslexia/LD Support
- Social Worker                     Academic Therapist                 Advocate
- School Psychologist               Educational Diagnostician
- Tutor of Academic Subjects                                       Speech-Language Pathologist
- Specify Subject(s) \_\_\_\_\_
- Other: \_\_\_\_\_

Areas of licensure or certification: \_\_\_\_\_

State issuing license/certification: \_\_\_\_\_ License #: \_\_\_\_\_

**B. Please circle any multisensory language approaches in which you **completed** a supervised practicum:\***

- |   |                                       |                        |
|---|---------------------------------------|------------------------|
| Alphabetic Phonetic Structural Linguistic | Lindamood-Bell Method                 | Starting Over          |
| Alphabet Phonics (or derived program)     | Orton-Gillingham (or derived program) | Wilson Reading Program |
| The Association Method                    | Project Read / Language Circle        | Other: _____           |
| The Herman Method                         | The Slingerland Approach              | _____                  |
| Language!                                 | The Spalding Method                   |                        |

Where and under whom did you receive training? \_\_\_\_\_ \*

Date training completed: \_\_\_\_\_ Are you certified in this method? \_\_\_\_\_ \*

C. Post Graduate/Professional Training: \_\_\_\_\_

**3. Services:** Please circle those areas in which you can provide assistance:

|                               |                                    |                                  |
|-------------------------------|------------------------------------|----------------------------------|
| Educational/Academic Therapy  | IEP Process                        | Reading                          |
| Advocacy/Advocacy Training    | Job counseling                     | SAT/Grad./Prof. Exam preparation |
| Assistive Technology          | Legal counseling                   | Science                          |
| Adult Counseling              | (Advocacy/Litigation/Mediation)    | Student Counseling               |
| Beginning Reading             | Mathematics                        | Study Skills                     |
| College Preparation           | Multisensory Teacher Training      | Writing                          |
| Early Childhood Intervention  | Organizational Skills              | Other: _____                     |
| English                       | Post secondary planning/transition | _____                            |
| Evaluation of academic skills | Preschool language intervention    | _____                            |

**4. Educational Background** (Attach additional sheet if necessary.)

| Institution: | Highest Degree Earned: | Year Awarded: |
|--------------|------------------------|---------------|
| _____        | _____                  | _____         |
| _____        | _____                  | _____         |
| _____        | _____                  | _____         |

**5. Professional Experience:** (Attach additional sheet if necessary)

| Place of Employment: | Professional Role/Title | Dates of Employment: |
|----------------------|-------------------------|----------------------|
| _____                | _____                   | _____                |
| _____                | _____                   | _____                |
| _____                | _____                   | _____                |

**6. References:** (1 client reference, and 1 professional reference.)

1. \_\_\_\_\_
2. \_\_\_\_\_

**PLEASE READ CAREFULLY THE FOLLOWING STATEMENT BEFORE SIGNING:**

By my signature below, I certify and attest that all my statements and representations I have made in this form are true and I have all credentials, education, degrees, licenses and/or certifications that are legally or customarily required in my field to perform the services I have checked off on this form. Further, I certify and attest that the credentials, education, degrees, licenses and/or certifications are current and have been issued by an institution or body accredited or empowered to do so. Additionally, I certify and attest that I have not been convicted of any felony or crimes involving professional malfeasance or abuse of any kind. I also acknowledge that a disclaimer will accompany any information disseminated by The International Dyslexia Association (IDA) which indicates that all service providers listed in the database have signed this verification statement.

I understand that listing in the IDA database requires membership in the IDA and is at the **COMPLETE AND SOLE DISCRETION** of IDA. By submitting this application, I agree to accept IDA's determination regarding this listing request.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\* Please Attach:**

**Description of Multisensory Training  
Copies of Certificates  
Resume (if necessary)**