



**1. Personal Information:**

Professional Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Personal: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

**2. Types of Services Offered:**

**A.**    \_\_\_\_\_ Lawyer            \_\_\_\_\_ Psychologist            \_\_\_\_\_ Psychiatrist            \_\_\_\_\_ Social Worker  
       \_\_\_\_\_ Educational            \_\_\_\_\_ Other: \_\_\_\_\_

Areas of license/certification: \_\_\_\_\_

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

**B.**    \_\_\_\_\_ Educational Diagnostician            \_\_\_\_\_ Reading Specialist  
       \_\_\_\_\_ Educational/Academic Therapist            \_\_\_\_\_ Dyslexia/LD Support  
       \_\_\_\_\_ Tutor of Academic Subjects            \_\_\_\_\_ Speech-Language Pathologist  
       \_\_\_\_\_ School Psychologist            \_\_\_\_\_ Advocate

Areas of license/certification: \_\_\_\_\_

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

**C. Please circle any multisensory language approaches for 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 you received training: \_\_\_\_\_\*

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

**D. Post Graduate/Professional Training:** \_\_\_\_\_

**3. Areas of Competence:** Please circle those areas in which you can provide assistance to dyslexic people:

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

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

Institution:	Degree:	Year Awarded:
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

**6. References:** (If possible, please provide references from two IDA members who know your work)

\_\_\_\_\_

\_\_\_\_\_

**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 request to be listed.

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

<b>* Please Attach:</b>	<b>Description of Multisensory Training Copies of Certificates Resume (if necessary)</b>
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