



# Application for Professional Certification (PCET) - Attach to annual membership form

<b>APPLICANT INFORMATION</b>			
Last Name	First	M.I.	Date
Street Address		Apartment #	
City	State	ZIP	
Phone	E-mail Address		
Name of School or Practice			
NILD Membership #	<input type="checkbox"/> School	<input type="checkbox"/> Private Practice	<input type="checkbox"/> Initial Certification <input type="checkbox"/> Recertification
<b>NILD TRAINING AND CONFERENCES ( INITIAL CERTIFICATION APPLICANTS ONLY )</b>			
Level I	Year	Location	
Level II	Year	Location	
Level III	Year	Location	
Conference Attendance (Min. 1 in last 2 years)	Year	Location	
<b>192 LETTERS OF REFERENCE ( INITIAL CERTIFICATION APPLICANTS ONLY )</b>			
School Based Program:	<input type="checkbox"/> School Administrator	and	<input type="checkbox"/> NILD program coordinator
Private Practice:	<input type="checkbox"/> Parent of current student	and	<input type="checkbox"/> Teacher of current student
<b>PROFESSIONAL DEVELOPMENT REQUIREMENTS (FOR RECERTIFICATION APPLICANTS ONLY)</b>			
<i>Attendance at 1 Regional Conference in the last 2 years</i>			
Year	Location		
Year	Location		
Year	Location		
<i>Complete <b>ONE</b> of the following options:</i>			
<input type="checkbox"/> NILD Course/Workshop:			
<input type="checkbox"/> 3 CEUs from education related class or workshop <b>(Copies of certificates required)</b>			
<input type="checkbox"/> 3 Graduate Credits--	Grade:	Course:	Institution:
<input type="checkbox"/> FIE Training --Level:	Year:	Location:	
<input type="checkbox"/> 2 NILD Webinars or within a related field	Year:		
<input type="checkbox"/> NILD Mentor	Year:		
<input type="checkbox"/> Presenter at an NILD conference or industry related conference: (INCLUDE NAME, LOCATION AND DATE OF EVENT)			
<b>NILD EDUCATIONAL THERAPY? EXPERIENCE (ALL APPLICANTS) 200 STUDENT CONTACT HOURS WITHIN THE PAST YEAR</b>			
Name and location of school:		<b>23</b> Private Practice location:	
Number of students including grade level:			