

### Public Contact Information *(\* Red starred information is required and will be posted online.)*

Date of Application:	
<b>Applicant's Name &amp; Credentials*</b> (Psy.D., Ph.D., Clinical Psych., School Psych., CCC-SLP, M.S., M.S.E., M.A.)	
Business Name (if applicable):	
Office/Business Street Address:	
City*/State/ZIP:	
Phone*:	- -
Alt. Phone:	- -
Email Address*:	
Website (if applicable):	

### Application Information *(All information is required. Qualifying certifications will be posted in your entry.)*

1. List all State and Professional Organizations or Institutions from which you have a degree, license or certification

Certifying Entity	Date of Certification	Level of Certification	# Hours in Training <i>(If Applicable)</i>	# Supervised Clinical Practicum Hours Completed <i>(If Applicable)</i>

*\* Please include copies of all licenses and certifications with your application. Please do not include certificates of completion or attendance as proof of certification. Certification must include a supervised clinical practicum to qualify.*

2. Number of months/years **evaluating** individuals with learning disabilities, beyond those involved in practicum or clinical hours:

3. Qualified to Evaluate :

- |  |  |
|--|--|
| <input type="checkbox"/> Dyslexia  | <input type="checkbox"/> Cognitive Processing        |
| <input type="checkbox"/> Dysgraphia  | <input type="checkbox"/> IQ                          |
| <input type="checkbox"/> Dyscalculia   | <input type="checkbox"/> Academic Achievement        |
| <input type="checkbox"/> Oral Language   | <input type="checkbox"/> Full Neuro-psych Evaluation |
| <input type="checkbox"/> Other Disabilities, or other areas of assessment (list) _____ |  |

4. Population(s) Served:  Pre-K     Grades K-5     Grades 6-8     Grades 9-12     Adults  
 Multilingual *(Specify language):* \_\_\_\_\_

5. What assessment tools do you use for evaluations?

6. In addition to evaluations, do you also provide counseling/therapy? Please elaborate.

7. To what professional organizations do you belong and for how long have you been a member?  
*Please include copies of membership IDs or confirmation emails to verify memberships.*

8. Over the past four years, in what professional classes, conferences, workshops, trainings, etc. have you participated?

Name of Class, Training, Workshop, Conference	Date(s) Attended	# Contact Hours	Organization/Host(s) /Presenter(s) Name(s)	Certificate of Completion or Attendance? <i>Please attach if available.</i>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

### ADDITIONAL ITEMS TO SUBMIT

- Your Resume** (You must include higher education background citing schools, dates, degrees, and education-related or diagnostic work history.)
- Copies of **Professional Certifications, Licenses, Endorsements**, etc. (see #1)
- Copies of **Membership** IDs for professional organizations (see #7)
- Copies of **Certificates of Completion or Attendance** (see #8)
- Any other professional training, experience, or relevant information not already in the application, that you would like to share with us.
- Please send three redacted reports with your application (at least two must include a diagnosis of dyslexia).**

### PROFESSIONAL or CORPORATE IDA MEMBERSHIP REQUIRED

Are you a current IDA member\*\*?

Yes  IDA member number: \_\_\_\_\_ IDA Member Expiration: \_\_\_\_\_

**\*\*If you are a new member, please submit the confirmation email that you received when you joined.**

**\*Membership at the *Professional or Corporate* level is *required* for all providers. Non-members will not be considered for inclusion on the referral list. Not yet a member? Click here to join: [IDA - Professional Membership Benefits](#) or [IDA - Corporate Membership Benefits](#)**

### PLEASE READ THE FOLLOWING STATEMENT/TERMS CAREFULLY BEFORE SIGNING:

- By my signature below, I certify and attest that all statements and representations I have made in this form are true, and I have all credentials, education, degrees, current licenses and/or certifications indicated.
- I realize that I must maintain current IDA membership at the appropriate level (professional, educational

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institution, corporate) to maintain a provider directory listing.

- I understand that inclusion in the provider directory does not denote that I am sanctioned or endorsed by the IDA or IDA-RMB. A listing is accepted and kept at the sole and complete discretion of the IDA-RMB.
- 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 acknowledge that a disclaimer will accompany any information disseminated by *The International Dyslexia Association - Rocky Mountain Branch* (IDA-RMB), which indicates that all service providers listed in the database have signed this verification statement.
- By submitting this application, I agree to accept IDA-RMB's determination regarding this request to be listed.

Check here to agree with these terms. By typing or signing your name you also acknowledge that everything in this application is accurate to the best of your knowledge.

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*Signature (please sign by hand if submitting by mail, or if scanning and emailing)*

Date:

### Options for Returning your Completed Application and Supporting Documents:

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1. Download & complete the form on a computer. Save the file & email it to us with your other documents.
2. Download, print on paper & complete the form by hand. Scan and email it to us with your other docs.
3. If you prefer not to email us, you may also send your completed form and other docs via postal mail.

**Contact us by email: [ida\\_rmb@yahoo.com](mailto:ida_rmb@yahoo.com)**

**or by post: IDA-RMB Referral Committee**

**740 Yale Road**

**Boulder, CO 80305**