



## Application for Professional Certification (PCET)

<b>APPLICANT INFORMATION</b>			
Last Name	First	M.I.	Date
Full Mailing Address		Website Address	
City	State	ZIP	
Phone	E-mail Address		
Name of School or Group			
NILD Membership #	<input type="checkbox"/> Group/School	<input type="checkbox"/> Private Practice	<input type="checkbox"/> ACSI Member School
			<input type="checkbox"/> Initial Certification <input type="checkbox"/> Recertification
<b>NILD TRAINING AND CONFERENCES (<i>INITIAL CERTIFICATION APPLICANTS ONLY</i>)</b>			
Level I	Year	Location	
Level II	Year	Location	
Level III	Year	Location	
Conference Attendance (Min. 1 in last 2 years)	Year	Location	
<b>TWO LETTERS OF REFERENCE (<i>INITIAL CERTIFICATION APPLICANTS ONLY</i>)</b>			
School Based Program: <input type="checkbox"/> School Administrator <b>and</b> <input type="checkbox"/> NILD program coordinator			
Private Practice: <input type="checkbox"/> Parent of current student <b>and</b> <input type="checkbox"/> Teacher of current student			
<b>PROFESSIONAL DEVELOPMENT REQUIREMENTS (FOR <i>RECERTIFICATION APPLICANTS ONLY</i>)</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 (<u>ALL APPLICANTS</u>) 200 STUDENT CONTACT HOURS WITHIN THE PAST YEAR</b>			
Name and location of school:		<b>OR</b> Private Practice location:	
Number of students including grade level:			



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<b>TERMS AND CONDITIONS</b>	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to certification, I understand that false or misleading information in my application may result in my loss of professional certification.	
<b>NOTE:</b> Your certification includes NILD licensure and license to practice as an NILD Educational Therapist for one year and <b>MUST</b> be renewed annually to remain certified.	
<b>The NILD licensure benefits include:</b>	
10% discount on all materials purchased from NILD, discounts on NILD conferences and workshops, free subscription to NILD's email conference, a listing on <i>Find an Educational Therapist search</i> on the NILD website, and more.	
Signature	Date
<b>APPLICATION FEE</b>	
<input type="checkbox"/> \$250 (For initial or recertification)	<input type="checkbox"/> \$50 (Initial if you took NILD Level III within prior 6 months)

<b>PAYMENT INFORMATION</b>	
<input type="checkbox"/> <i>Check enclosed. Please make check payable to NILD in U.S. currency only.</i>	
<input type="checkbox"/> Charge \$_____ to my: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express	
Account Number:	
Expiration Date	Security Code:
_____	
<b>Cardholder Name</b> (please print)	
_____	
<b>Signature</b> (required when using credit card)	
_____	
Credit Card Billing Address- include zip code	
_____	