



# *Application for Certification as an Incredible Years® Classroom Dina Child Group Leader*

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

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

\_\_\_\_\_

\_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

Month/Year of IY Dinosaur Leader Training: \_\_\_\_\_

Trainer: \_\_\_\_\_

## APPLICATION BILLING INFORMATION (NAME & ADDRESS):

Organization/Name: \_\_\_\_\_

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

City/State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

E-mail for receipt: \_\_\_\_\_

### **This form must accompany your submission of video for review.**

#### **Please attach a 1-page letter describing:**

- Your experience with preschool/early school age children
- Your experience with parents
- Your goals, plans, and philosophy of parenting

**Please provide two professional letters of reference attesting to your teaching skills (preferably someone who is familiar with your work with the Dinosaur Curriculum.**

**Please see website and leader's manual for certification application requirements. Contact Incredible Years office with any questions ([incredibleyears@incredibleyears.com](mailto:incredibleyears@incredibleyears.com))**

#### **Send application materials to:**

Incredible Years Certification Committee  
1411 8th Avenue West  
Seattle, WA 98119 USA

