



**Application for Certification
as an Incredible Years®
Parent Group Leader**

Austism Spectrum & Language Delays Program

Name: _____

Home Address: _____

_____ Zip/Postal Code: _____

Home Phone: _____ Work Phone: _____

E-mail: _____

Occupation: _____

Month/Year of ASD Program Training: _____

Trainer: _____

APPLICATION BILLING INFORMATION (NAME & ADDRESS:

Organization/Name: _____

Address: _____

City/State/Provence: _____ Postal Code: _____

Country: _____

E-mail for receipt: _____

This form must accompany your submission of video for review.

Please include the following with your video submission:

- A brief letter outlining the session/topic covered and population served
- A Self-evaluation that corresponds to the session(s) you are sending for review
- The session checklist (indicating the vignettes shown) from the session(s) you are sending for review
- A Collaborative Process Checklist that corresponds to the session(s) you are sending for review
- An Autism Program Process Checklist that corresponds to the session(s) you are sending for review

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

Send certification materials to:

Incredible Years Certification Committee
1411 8th Avenue West
Seattle, WA 98119 USA
incredibleyears@incredibleyears.com

