



**Application for Certification  
as an Incredible Years®  
Parent Group Leader (School Readiness)**

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

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

\_\_\_\_\_

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

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

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

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

Month/Year of Basic Training: \_\_\_\_\_

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

Course(s) taken in Child Development:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

**Please provide two professional letters of reference attesting to your clinical skills in working with individuals and groups.**

**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 completed materials to:**

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