



***Application for Certification  
as an Incredible Years®  
Incredible Beginnings™ Teacher Group Leader***

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

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

\_\_\_\_\_

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

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

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

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

Month/Year of Teacher Classroom Management 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 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 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](mailto:incredibleyears@incredibleyears.com))**

**Send completed materials to:**

Incredible Years Certification Committee  
1411 8th Avenue West  
Seattle, WA 98119 USA  
[incredibleyears@incredibleyears.com](mailto:incredibleyears@incredibleyears.com)