



***Application for Certification
as an Incredible Years®
Teacher Classroom Management Group Leader***

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)

Send completed materials to:

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