

**Request To Be Listed In The NCBIDA Referral for Services Database**

Listing in this database requires membership in the International Dyslexia Association (IDA) and is at the sole discretion of the IDA. I am currently a member of IDA:     Yes     No

**Services Offered:**

<b>Assessment</b>	<b>Age Group</b>	<b>Intervention</b>	<b>Age Group</b>
<input type="checkbox"/> <i>Psycho-Educational Assessment</i>		<input type="checkbox"/> <i>Academic Tutoring</i>	
<input type="checkbox"/> <i>Psycho-Linguistic Assessment</i>		<input type="checkbox"/> <i>Speech-Language Pathology</i>	
<input type="checkbox"/> <i>Medical / Psychological Assessment</i>		<input type="checkbox"/> <i>Occupational Therapy</i>	
<input type="checkbox"/> <i>Other:</i>		<input type="checkbox"/> <i>Learning Center</i>	
		<input type="checkbox"/> <i>Other:</i>	

**Professional Information:**

**Name:** \_\_\_\_\_  
LAST
FIRST
M.I.

**Name of Business:** \_\_\_\_\_

**Professional Title:** \_\_\_\_\_

**Office Address:** \_\_\_\_\_

**Office Phone/Ext.** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Web Site Address:** \_\_\_\_\_

**Educational Background:**

<b>Institution</b>	<b>Degree/Certification</b>	<b>Major</b>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

*Do you speak/write any foreign language(s)? Identify:* \_\_\_\_\_

**Professional training in multisensory structured language approaches:**

<b>MSL Approach</b>	<b>Year of Training / Certification</b>	<b>MSL Approach</b>	<b>Year of Training / Certification</b>
<input type="checkbox"/> <i>Alphabetic Phonics</i>		<input type="checkbox"/> <i>The Spaulding Method</i>	
<input type="checkbox"/> <i>The Association Method</i>		<input type="checkbox"/> <i>Starting Over</i>	
<input type="checkbox"/> <i>Language!</i>		<input type="checkbox"/> <i>Wilson Reading Program</i>	
<input type="checkbox"/> <i>Lindamood-Bell</i>		<input type="checkbox"/> <i>Reading Reform</i>	
<input type="checkbox"/> <i>Orton-Gillingham</i>		<input type="checkbox"/> <i>Preventing Academic Failure</i>	
<input type="checkbox"/> <i>Project Read</i>		<input type="checkbox"/> <i>Other:</i>	
<input type="checkbox"/> <i>Slingerland</i>		<input type="checkbox"/> <i>Other:</i>	

**Please read the following verification statement:**

By submitting this information, I certify and attest that all statements and representations I have made in this form are true and that I have the credentials, education, degrees, licenses and/or certifications that are legally or customarily required to perform the services I have indicated on this form. Additionally, I certify and attest that I have not been convicted of any felony or crimes involving professional malfeasance or abuse of any kind.