Practitioner-1 Course Application

Rev. Date: 5/20/2025	Policy #5 General Clinical	Owner: Clinical

CENTER NAME:

Name:

Home Address:

City:	State:	Zip:

Preferred Phone:

Preferred Email:

Academic History (Begin with highest degree)

Degree	Institution	Completion Date	Major

Please list any multisensory training which you have completed.

Have you applied for or completed Practitioner-1 Training at any Children's Dyslexia Center?

☐Yes ☐No *If yes, please give Center Location and explain why you didn't finish the course.*

Prior addresses, if any, for the last 5 years and length of time at each address:	
Have you worked as an adult with children and/or youth groups? ☐Yes ☐ No	
If so, please list and describe:	
Occupation:	
Name and address of current employer:	
Length of employment:	
If employed less than 5 years, list previous employers, address and lengths of service with each:	
List three people who have known you for at least the last five years who we may contact if more information is needed about you:	
Name:	Relationship:
Address:	
Phone:	Email:
Name:	Relationship:
Address:	
Phone:	Email:
Name:	Relationship:
Address:	
Phone:	Email:

Background Screening Profile

Have you ever been convicted of any felony or misdemeanor offenses for any of the following?

The possession, use or transfer of alcohol	☐ Yes	☐ No
The possession, use or transfer of illegal drugs	☐ Yes	☐ No
Crimes in which the victim or accomplice was a minor	☐ Yes	☐ No
Activities in which you physically or sexually abused anyone, male or female, or condoned such abuse by others	☐ Yes	☐ No
Activities in which you were involved in the creation, possession, use or transfer of pornographic materials	☐ Yes	☐ No
Any other offense not mentioned above	☐ Yes	☐ No

If "Yes" to any of the above, list and explain all such felony and misdemeanor convictions:

_____

_____

Has any adverse action been taken by any organizations, schools, churches or day care centers against you while you were an employee or volunteer for such organization or entity?

☐ Yes ☐ No If "Yes," list and explain:

_____

_____

To the best of your knowledge and belief are there any facts or circumstances involving you or in your background that would call into question being entrusted with the supervision, guidance, and care of young people?

☐ Yes ☐ No If "Yes", list and explain:

_____

_____

Applicant's Certification and Statement

I certify that the information given herein is true and complete to the best of my knowledge.

I certify that all information given herein, including information regarding my current and prior employment listed above, as may be necessary to arrive at a course acceptance decision is true, accurate and complete. I understand that this Application is not, and is not intended to be, an application or a contract of employment and that any future employment is strictly "at will."

I hereby release any party giving information provided by me in this Application, as well as any party providing information

about my background, from any and all claims and damages in connection with the investigation or verification of such information. In the event of future employment, I understand that false or misleading information given in this Application may result in my discharge.

I understand that parents/legal guardians of children currently enrolled at a Center may not participate in the training program until their children have completed the program.

It is the policy of the CDC to safeguard the privacy and security of the confidential information of its employees, children, and others. I understand that I may not discuss employees, children, trainees, or other staff. If I have any concerns, I will discuss those with the Center Director in private.

I understand I must demonstrate mastery of the content and practical application of skills throughout the training course. The Center Director's syllabus and course outline will provide details of the standards for mastery/success throughout the training course. If I do not demonstrate the expected level of mastery, I understand I will be discontinued from the program.

I understand the Children's Dyslexia Center's materials are proprietary. My use of the Children's Dyslexia Center's materials is restricted to my personal use with students. I will not copy or disseminate any of the materials for colleagues or for use in training others.

I understand that the Children's Dyslexia Centers, Inc. records all sessions for the safety and security of the children. Sessions may also be recorded with video audio to provide objective feedback to trainees and tutors.

_____ _____

Applicant's Signature *Date*

List of Attachments:

- ☐ Copy of diploma or transcript showing your Bachelor's or Master's Degree with date awarded
- ☐ Two letters of recommendation dated within the last two years
- ☐ Current resume
- ☐ List of relevant conferences, workshops and courses attended and/or presentations given

For Center Use:

ANTICIPATED COURSE START DATE: _____	**OFFSITE PRACTICUM** ☐

Center Director has verified documents were received, placed in applicant's file at Center. Submit application, proof of degree, and background clearance(s) to HQAdmin@cdcinc.org.

_____ _____

Center Director's Signature *Date*