



**APPLICATION FORM FOR  
CERTIFICATION AS A PARENT GROUP LEADER**

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_

Email: \_\_\_\_\_

OCCUPATION \_\_\_\_\_

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

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

COURSE(S) TAKEN IN CHILD DEVELOPMENT \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

Send completed materials to:  
Incredible Years Certification Committee  
1411 8th Avenue West Seattle, WA 98119 USA