



Application for Certification as an Incredible Years® Parent Home Coach

Name: _____

Home Address: _____

_____ Zip/Postal Code: _____

Home Phone: _____ Work Phone: _____

E-mail: _____

Occupation: _____

Month/Year of Home Coach Training: _____

Trainer/Mentor: _____

Course(s) taken in Child Development:

Please attach a 1-page letter describing:

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

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

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