

NILD Canada™ Therapist Registration 2010

Each therapist in a school or educational therapy group, private or independent practice or parent therapist setting will need to complete and submit this form.

PERSONAL INFORMATION: New _____ or Renewal _____ Dr. _____ Mr. _____ Miss _____ Mrs. _____ Ms. _____

I work in a Private practice _____ a School _____ Home setting _____

Last name _____ First name _____ Initial _____

Address _____

City _____ Province _____ Post Code _____

Work Address _____

Telephone (Home) _____ (Work) _____

Fax (Home) _____ (Work) _____

Email _____

TRAINING INFORMATION

First degree Yes / No Degree _____ Date _____

School _____

Second degree Yes / No Degree _____ Date _____

School _____

Third degree Yes / No Degree _____ Date _____

School _____

NILD Level I Yes / No Date _____ Plan to take in _____

NILD Level II Yes / No Date _____ Plan to take in _____

NILD Level III Yes / No Date _____ Plan to take in _____

Search and Teach Yes / No Date _____

Are you a certified NILD therapist? Yes / No Certified from _____ to _____

THERAPY WORK HISTORY: If **new**, provide full history. If **renewal**, provide history since last registration.

Year	Private Practice Yes/No	School Name	Number of students worked with

- Please send **cheque** (\$ 125.00) payable to NILD Canada and **completed Registration and Licensing Agreement Forms** to: NILD Canada, 700 Glen Forrest Blvd., Waterloo, ON N2L 4K6