

NILD Canada™ Therapist Registration 2008

Each therapist in 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 _____ Registration Number _____

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

Dr. _____ Mr. _____ Miss _____ Mrs. _____ Ms. _____

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 or Membership Number	Number of students worked with	Registration Paid

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