

# DIR<sup>®</sup> Certificate (DIR<sup>®</sup> C) Application

## FIRST-TIME APPLICANTS ONLY\*

DIR<sup>®</sup> Southern California Regional Institute  
October 2009-May 2010

**\* If you have previously attended the DIR<sup>®</sup>B program, please complete the “DIR<sup>®</sup> B Advancing to DIR<sup>®</sup> C” application.**

1. Complete this application and return by e-mail as an attachment to [application@pasadenachilddevelopment.org](mailto:application@pasadenachilddevelopment.org). Indicate “DIR C Application” in subject line. Be sure to answer **all** questions or indicate N/A where appropriate. All applications and correspondence will be conducted via e-mail.
2. Please also mail hard copy of completed and signed application, curriculum vital, and photo.
3. Two letters of recommendation can be sent by mail or e-mail. Send to:

PCDA  
620 N. Lake Ave.  
Pasadena, CA 91101  
Attn: DIR-RI.

**Instructions for Completing Form:** Click your mouse in the empty box next to the information requested and begin typing. The box will expand automatically to accommodate your entry as necessary.

DateSent		E-Mail Address	
Self-Referred (Y/N)		Referred by	
Do you work in an educational setting and want to participate in a School Based Group? (Y/N)			
Have you been supervised by a DIR Certificate holder or equivalent? (Y/N)			
Have you worked in a DIR setting (school or clinic)? (Y/N)			

### I. Name and Information:

Last Name		First Name		M.I.	
Degree		Occupation			
License Type		License State	License #		
Other Credentials					

### II. Home Address/Phone:

Street/Apt. #					
City	State/Province	Zip/Post Code			
Country					
Home Phone	Home Fax	Cell Phone			
Home E-Mail					

**Emergency Contacts:** In case of emergency, please list *two* persons you permit us to contact (*must be completed*):

Name		Relationship			
Home Phone	Work Phone	Cell Phone			

Name		Relationship			
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Home Phone		Work Phone		Cell Phone	
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**III. Work Information:** Only work information will be listed in the directory.

**1. Current Position**

Title				Date Started	
Name of Organization/Practice					
Address					
City		State/Province		Zip/Post.	
Country					
Work Phone		Work Fax			
Supervisor					
Number of hours per week working with children and families					
Intervention		Assessment		Admin/Reports/Other	

**IV. Professional Qualifications, Training and/or Education ( also attach CV):**

**1. Please list all higher education.**

	Institution	Major/Minor	Program Dates	Degree/Credential	License # and Date (if applicable)
1.					
2.					
3.					

**2. Describe other relevant work experiences.**

	Position	Setting	Dates	Duration
a.				
b.				

**V. DIR®/Floortime™ Training**

**1. Please list all DIR®/Floortime™ related training courses have you attended? (Introductory courses required)**

	DIR®/Floortime™ Training Course Title	Dates	Trainer
1			
2			
3			
4			

**2. Mentoring/Supervision**

Have you worked with or been mentored/supervised by DIR®/Floortime™ trained professionals? (Y/N) – <i>Not required</i>				
Indicate the following (include peer study groups):				
Name	Setting	Role	Dates	

**3. What additional training and/or experience have you received in other related disciplines (e.g. infant mental health, child development, sensory integration, occupational therapy, speech pathology, augmentative communication, etc.)**

	Related Discipline	Training/Experience
1		

2		
3		

4. What additional training and/or experience have you received in other related disciplines (e.g. infant mental health, child development, sensory integration, occupational therapy, speech pathology, augmentative communication, etc.)

	Related Discipline	Training/Experience
1		
2		
3		
4		

5. Please tell us how and when you became interested in the DIR®/Floortime™ model.

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6. Please describe all experience you have had working with children with special needs.

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7. How many children and families have you worked with using the DIR®/Floortime™ model?

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8. Please indicate when you started using the DIR model or principles with the following:

Disorder	Year	Setting	Number	Ages	Duration
Regulatory Disorders					
Multi-System Develop. Disorders					
Autism Spectrum Disorders					
Language Disorders					
ADD or ADHD					
Infant Mental Health Disorders					
Other (describe)					

9. Did your work include multi-disciplinary teams? Describe

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10. Describe your experience working with the DIR®/Floortime™ model with families.

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11. Are you trained to work with adults?

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12. Please attach **2 brief vignettes** (use a separate page for each vignette, single spaced) of **two** children you have worked with describing how you applied DIR®/Floortime™ model. Please include a description of a Floortime™ sequence and profiles. Be sure to disguise all identifying information.

13. Describe current work on a typical monthly basis as it applies to your work.

Number of assessments	
Number of DIR/IMH treatment hours	
Number of hours in the classroom	
Number of hours in home-based early intervention	
Number of Program consultations	
Number of hours on research-related to DIR®/Floortime™	
Describe	

Hours of DIR <sup>®</sup> /Floortime <sup>™</sup> based supervision received	
Hours of DIR <sup>®</sup> /Floortime <sup>™</sup> training received (presentations, courses, etc.)	
Other (e.g., administration, providing training, etc.)	

14. Do you receive any type of general supervision and/or reflective supervision? (Y/N)   
 If yes, describe (DIR<sup>®</sup>/Floortime<sup>™</sup>, Ed, peer, individual, group, etc.) and indicate the disciplines of your supervisors, names, and duration:

	Type of Supervision	Supervisor	Duration
1.			
2.			

15. Describe your goals in participating in the DIR<sup>®</sup> C Program and how you hope to integrate it into your work?.

16. Identify your areas of strength.

17. Describe the areas you feel need further development (e.g. work with parents and families, sensory processing, developmental challenges, home-school collaboration, group interventions, etc.). Include special interests:

18. Describe the passion in your work and tell us about yourself and your hopes for your own professional development.

19. Please list 2 references we may contact

Name	Phone Numbers	E-Mail Address

20. Please submit 2 letters of recommendation. Letters can be mailed or sent as an e-mail attachment. You may also be invited to interview by phone.

*Please sign and date hard copy of completed application printed for mailing:*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you for completing this very long application.  
 Please review your responses and be sure you have answered all question and attached the two case vignettes  
 This will ensure we review your application as soon as possible and can notify you of your acceptance, as well as place you in the right groups  
 Also, do not hesitate to contact us if needed  
 We look forward to your participation.*