

# **DIR<sup>®</sup> B Advancing to DIR<sup>®</sup> Certificate (DIR<sup>®</sup> C) Application**

**\* This application is only for candidates who previously attended the DIR<sup>®</sup> B program and are now applying to the DIR<sup>®</sup> C Certificate Program; or if you are applying to repeat the DIR<sup>®</sup> Certificate, (level 1) Program. Complete all information even if it has not changed from your last one.**

## **DIR<sup>®</sup> Southern California Regional Institute October 2010- May 2011**

1. Complete this application on line. Address inquiries 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.
2. Please also mail hard copy of completed and signed application, and updated curriculum vita if changed. Send to:  
 PCDA  
 620 N. Lake Ave.  
 Pasadena, CA 91101  
 Attn: DIR-RI
3. Two letters of recommendation can be sent by mail or e-mail.
4. Upon your acceptance to the program you will be sent the following:
  - o Payment Form
  - o Presentation Guidelines

**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.

Date Sent		E-Mail Address	
Self-Referred (Y/N)		Referred by	<b>Current DIR Tutor</b>
Do you work in an educational setting and want to participate in a School Based Group? (Y/N)			

Year that you attended the DIR <sup>®</sup> B Program	
Part I Faculty	
Part II Faculty	

### **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	
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**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	
Home Phone		Work Phone	Cell Phone

**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
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**IV. Professional Qualifications, Training and/or Education (Please attach updated CV)**

Year you last attended the DIR <sup>®</sup> Institute	
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**1. Please list any *additional* training, credentials, or licenses obtained since you last attended the DIR<sup>®</sup> Institute.**

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

**V. Continuing Education**

**1. Have you attended any further DIR<sup>®</sup>/Floortime<sup>™</sup> related conferences or courses?**

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

**V. DIR<sup>®</sup>/Floortime<sup>™</sup> Experience Since Last Attending the DIR<sup>®</sup> Institute**

**1. Please indicate DIR<sup>®</sup>/Floortime<sup>™</sup> experience since you last attended the DIR<sup>®</sup> Institute.**

Number of hours/week providing assessment		Average number of children	
Number of hours/week providing treatment services		Average number of children	
Number of hours/week providing school related services		Average number of children	
Number of hours/week in team meetings/consultations			

**2. Please describe the range of challenges you have worked with using the DIR<sup>®</sup>/Floortime<sup>™</sup> model.**

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)					

3. Describe all the ways you work with the families, e.g., jointly in sessions, periodic conferences, meetings with parents alone, etc. (Box will expand to accommodate your entry)

## VII. Tutorship

1. Since your last attendance have you been tutored by DIR®/FT™ trained professionals? (Y/N)

If Yes, please complete the information below. If No, please see #2 below.

Tutor	Discipline	Setting	Dates	# Hrs. Individ.	# Hrs. Group

Please be sure to keep log of all tutoring.

Please describe kinds of cases you have discussed. (Box will expand to accommodate your entry)

2. If you did not seek tutorship, please explain. We are very interested in understanding why and how else we can be helpful in this process. (Box will expand to accommodate your entry)

**Note. There may still be time to obtain a tutor.**

Do you need assistance? (Y/N)	
Would you like to participate in the monthly calls? (Y/N)	

3. Please request a recommendation from you tutor(s) to be sent by e-mail and indicate your consent to for them to speak with us by signing your name below.

Name	Phone Numbers	E-Mail Address

Please sign your name and mail with hard copy of completed application.

Signature	
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- XI. Please briefly describe the child you plan to present this year for your vignette? Select a child you have been working with at least 8-12 months. (Box will expand to accommodate your entry)

**XII. Please attach one brief vignette (one page, single-spaced) of another different child you have worked with describing how you applied DIR<sup>®</sup>/Floortime<sup>™</sup>. Be sure to disguise all identifying information. Be sure to describe a Floortime<sup>™</sup> sequence and profiles.**

**Comments** (*Box will expand to accommodate your entry*)

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

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

*Thank you for completing this updated application.*