



**APPLICATION FORM FOR
CERTIFICATION AS A PARENT GROUP LEADER**

NAME: _____

HOME ADDRESS: _____

_____ Zip: _____

HOME PHONE: _____ WORK: _____

Email: _____

OCCUPATION _____

Month/Year of Basic Training: _____

Trainer: _____

COURSE(S) TAKEN IN CHILD DEVELOPMENT _____

Please attach a 1-page letter describing:

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

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