



**Application for ADHD Certified Educator (ADHD-CE)**

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

Name (as it appears on your license): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip/Country: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

I attest to the following (please initial each):

\_\_\_\_ I am a State or Nationally licensed (or equivalent outside the U.S.) professional as outlined in Criterion 1.1 of the Certification Standards

\_\_\_\_ My professional license is current and in good standing as outlined in Criterion 1.2 of the Certification Standards

\_\_\_\_ I have completed the required 15 education hours of ADHD Assessment and Treatment in Children and Adolescents AND 15 education hours in Educational Management of ADHD as outlined in Criterion 2.1 of the Certification Standards

I verify that this application is complete, accurate, and that the information provided and attested to is factual and true. I understand that if any of the information provided and attested to is false or found to be false, my certification will be denied and/or revoked, and my licensing board may be contacted.

I understand that information submitted with this application may be verified for accuracy by the Institute of Certified ADHD Professionals. I also agree to contact the Institute of Certified ADHD Professionals if I no longer meet the requirements to be a ADHD Certified Educator.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_