

Application for ADHD Certified Rehabilitation Services Provider (ADHD-RSP)

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 Certification Standards	the U.S.) professional as outlined in Criterion 1.1 of the
My professional license is current and in good standing as	s outlined in Criterion 1.2 of the Certification Standards
I am covered by current malpractice insurance (individua requirements as outlined in Criterion 1.2 of the Certification St	
I have completed the required 30 education hours of ADI of the Certification Standards	1D Assessment and Treatment as outlined in Criterion 2.1
I have conducted at least 200 contact hours treating ADH Certification Standards	D-diagnosed clients as outlined in Criterion 3.0 of the
I verify that this application is complete, accurate, and that the I understand that if any of the information provided and attest denied and/or revoked, and my licensing board may be contact.	ted to is false or found to be false, my certification will be
I understand that information submitted with this application also agree to contact Evergreen Certifications if I no longer me Services Provider.	
Signed:	Date: