Certificate of Competency in Early Intervention

Initial Application

\square Copy of transcripts from the	cumentation with the application to the Bureau college or university awarding the applicant's back language pathology license (Required only fo	•
Applicant name:		
Contact person: _ Preschool EI progr Address: Email:	ntervention program contracting with a	·
Contact person: _ Agency name: Address: Email:	employing applicant or own name if ind	
Type of position (check or Teacher/Speci	al Instructor	uage Pathologist nse #)
Applicant's Level of Educa		
Type of Degree	Area of Degree	College/University
Baccalaureate's Degree		
I attest that the applicant: is supported to support the support the support to support the support the support to support	hrough funding from the preschool Ear mployed/contracted by the provider ago stract from the preschool Early Intervent of education in Early Intervention as desiriminal background requirements for poling their independent contractors and y of the applicant and recommend this	ly Intervention program that I represent; ency or is an independent contractor that ation program that I represent; scribed above; and, rospective employees of public and private
Competency in Early Inter	vention. program supervisor	Date