

Children's Dyslexia Centers, Inc.
MSLE INITIAL COURSE APPLICATION
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<i>Clinical/Associate Clinical Director Use: APPROVED: _____ DATE: _____</i> <i>Director of Operations Use: APPROVED: _____ DATE: _____</i>
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CENTER: _____ **APPLICATION DATE:** _____ **OFFSITE PRACTICUM**

Please complete the following information and attach copies of all *required documentation.

Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____ Business/Work (____) _____

Email _____

Academic History (Begin with Highest Degree)

Degree _____ Institution _____ Date _____ Major _____

Degree _____ Institution _____ Date _____ Major _____

Degree _____ Institution _____ Date _____ Major _____

Other Credits _____

Please submit a description of your multisensory training which includes the principal instructor, institution, address, dates, total hours, coursework hours, practicum hours and ages taught. Submit a copy of Certificates or other proof of completion.

Have you applied for or completed Initial Training at any other Children's Dyslexia Center?

Yes No *If yes, Center Location* _____

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Prior addresses, if any, for the last 5 years and length of time at each address

Have you worked as an adult with children and/or youth groups? YES NO

If so, please list and describe _____

Occupation _____

Name and address of current employer _____

Length of employment _____

If employed less than 5 years, previous employers, address and lengths of service with each

List three people who have known you for at least the last five years who we may contact if more information is needed about you:

Name _____ Relationship _____

Address _____

Phone (____) _____ Email _____

Name _____ Relationship _____

Address _____

Phone (____) _____ Email _____

Name _____ Relationship _____

Address _____

Phone (____) _____ Email _____

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Have you ever been convicted of any felony or misdemeanor offenses for any of the following?

- YES NO The possession, use, or transfer of alcohol
- YES NO The possession, use, or transfer of illegal drugs
- YES NO Crimes in which the victim or accomplice was a minor
- YES NO Activities in which you physically or sexually abused anyone, male or female, or condoned such abuse by others
- YES NO Activities in which you were involved in the creation, possession, use or transfer of pornographic materials
- YES NO Any other offense not mentioned above

If YES to any of the above, list all such felony and misdemeanor convictions.

Has any adverse action been taken by any organizations, schools, churches or day care centers against you while you were an employee or volunteer for such organization or entity?

- YES NO If YES, list and explain _____

To the best of your knowledge and belief are there any facts or circumstances involving you or in your background that would call into question being entrusted with the supervision, guidance and care of young people?

- YES NO If YES, list and explain _____

NOTE: It is unlawful in Massachusetts to require or administer a lie detector as a condition of employment and an employer who violates this law is subject to criminal penalties and civil liabilities.

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Applicant's Certification and Statement

I certify that the information given herein is true and complete to the best of my knowledge.

I authorize the investigation of all information given herein, including the investigation of all current and prior employment listed above, as may be necessary to arrive at an employment decision. I understand that this Application is not, and is not intended to be, a contract of employment and that any future employment is strictly "at will."

I hereby release any party investigating the information provided by me in this Application, as well as any party providing information about my background, from any and all claims and damages in connection with the investigation or verification of such information. In the event of employment, I understand that false or misleading information given in this Application may result in my discharge.

I understand that parents/legal guardians of children currently enrolled at a Center may not participate in the training program until their children have completed the program.

I understand I must demonstrate mastery of the content and practical application of skills throughout the training course. The Center Director's syllabus and course outline will provide details of the standards for mastery/success throughout the training course. If I do not demonstrate the expected level of mastery, I understand I will be discontinued from the program.

I understand the Children's Dyslexia Center's materials are proprietary. My use of the Children's Dyslexia Center's materials is restricted to my personal use with students and does not extend to training of other teachers or colleagues. I will not copy or disseminate any of the materials associated with the program with the exception of reproducible portions I use in my personal instruction of students.

Signed _____ Date _____

Please submit the following documents with this application:

- Copy of diploma or transcript showing your Bachelor's Degree and/or Master's Degree with date awarded
- Two letters of recommendation dated within the last two years
- Current resume
- List of relevant conferences, workshops and courses attended
- List of relevant presentations given

Center Director verifies documents were received and placed in applicant's file at Center.

Signature: _____ Date: _____
Center Director