



**LEVEL I – CERTIFICATE OF STUDY IN BASIC MENTAL HEALTH
CONDITIONS & CHALLENGES AFFECTING THE CD CLIENT**

Name used when attending teleclasses: _____ Today's Date: _____

Last Name: _____ First Name: _____

Name as desired on certificate:

Last Name: _____ First Name: _____

Company: _____

Address: _____

City: _____ State/Province: _____ Zip Code: _____ Country: _____

Phone (Day): _____ Phone (Evening): _____

Fax: _____ Email: _____

QUALIFICATIONS FOR CERTIFICATE

- I certify that I am a member in good standing with ICD.
- I certify that I have attended the following teleclasses within a three (3) year period of time.

Title	Date
1) Understanding Mental Health Conditions Affecting the CD Client (MH-100)	_____
2) Recognizing the Lines Between Psychotherapists, Coaches & POs (ADM-365)	_____
3) Mental Health First Aid (MH-335)	_____
4) _____	_____
5) _____	_____
6) _____	_____

Fee: \$114.00 (Applications submitted in error will be subject to a \$15.00 non-refundable processing fee. Errors include two (2) or more of the classes not qualified for the specialty, incorrect dates and/or titles, classes listed without credit received, classes that have been used more than the maximum allowable number of times, classes which are listed in advance of the actual teleclass date, or illegible listings.)

Mail check made payable to ICD and application to:

ICD-Certification Program
2650 S. Hanley Rd., Ste. 100
St. Louis, MO 63144 USA