APPLICATION FOR NATIONAL INTERVENER CREDENTIAL

PERSONAL INFORMATION

(Please enter your name exactly as you want it to appear on the credential)

Last Name:	**First Name:**	
Middle Name:	**Maiden Name:**	
Date of Birth (MM/DD/YYYY):		
Home Street Address:		
City:	**State:**	**Zip:**
Home Phone:	**Work Phone:**	**Cell:**
Email Address:		

LEVEL OF EDUCATION

❑ High school diploma or equivalent
❑ College degree _____ College/university attended: _____
(specify)

INTERVENER TRAINING

❑ Completion of a competency-based Intervener Training Program from a university or college
❑ Completion of a supervised practicum experience

ITEMS COMPLETED

❑ Intervener Portfolio Assessment (showing evidence of knowledge and skills based on the National Intervener Competencies)
❑ Portfolio video in addition to other videos that document evidence of competencies
❑ Practicum Tracking Sheet (100 hours working directly with an individual who is deafblind)
❑ Copy of transcript or other documentation from a university/college Intervener Training Program
❑ Appropriate Permission Forms
❑ Participation in a minimum of three coaching sessions with a trained Intervener Coach
❑ Required Coaching Documentation
❑ Application form for National Intervener Credential
❑ $100 fee payment enclosed with application

PAYMENT

NOTE: Application fee is $100.00.
❑ Check or Money Order #_____
❑ Purchase Order# _____ (payable to *"NRC for Paraeducator")*
❑ Credit Card (please call 435-797-3158 *or* fill out the form below)
Type of card: ❑ MasterCard ❑ Visa ❑ Discover (Sorry, we cannot accept American Express)
Card No._____ Expiration Date: _____
Signature:_____ Today's Date:_____

Mail application form and $100 payment to:
National Resource Center for Paraprofessionals
Utah State University
6526 Old Main Hill, Logan, UT 84322-6526
For more information call (435) 797-7272