



APPLICATION FOR LEKOTEK LEADER TRAINING
Lekotek Leader Certification

The Lekotek Leader certification option is offered specifically for individuals who will be working in an already established Lekotek site or for those individuals who have begun the site development process through the National Lekotek Center. This application is the first step in the certification process and will be reviewed prior to the Lekotek Leader Training. *Only those individuals who meet the necessary criteria will be approved for training to become a certified Lekotek Leader.* Criteria include a minimum of a bachelor's degree in special education, therapeutic degree, as well as experience working with children with disabilities in an internship type situation. Once your application has been processed, you will be sent a letter, along with other important information, confirming your registration for the certification training.

**For applicants who do not meet the above criteria, your supervisor needs to complete the "Lekotek Training Pre-Approval form." This application needs to be submitted to and approved by National Lekotek to ensure qualification to participate in training.*

The training staff will also use this application to review personal objectives and interests to better meet the needs of each participant. For this reason, please fill out this form thoroughly and completely and return promptly. Thank you.

Preferred date of training _____

Personal data

Name _____

Last

First

Middle

Home address _____

Home telephone _____ E-mail address _____

Lekotek agency _____

Lekotek telephone _____

Birth date (optional) _____

Academic Experience

List in chronological order all colleges and universities attended.

1. Name of Institution _____
City and state _____
Dates of attendance _____ 19__ to _____ 19__
Major _____
Degrees/credits completed _____
Date of Degree _____

2. Name of Institution _____
City and state _____
Dates of attendance _____ 19__ to _____ 19__
Major _____
Degrees/credits completed _____
Date of Degree _____

3. Name of Institution _____
City and state _____
Dates of attendance _____ 19__ to _____ 19__
Major _____
Degrees/credits completed _____
Date of Degree _____

List college courses and seminars you have attended that focused on disability, families and/or children.

Employment history

List employment, including present, in chronological order. Please include employer name, inclusive dates, job title and description, ages and disabilities of people served, responsibilities for paid or volunteer work relevant to personal goals. Please indicate whether each position was paid or voluntary.

1. Current/last position _____

2. Previous position _____

