



Leadership and Learning INSTITUTE

C/O The Business & Education Leadership Authority
4445 Corporation Lane
Virginia Beach, VA 23462

Mailing Address:
P.O. Box 65098
Virginia Beach, VA 23467

APPLICATION FOR CERTIFICATION

To **make application**, a completed, signed, notarized **Application For Certification and Supervision Contract Form**, and the Application Fee must be received in the Board Office. Persons qualified by education to engage in certified professional services of the Leadership & Learning Institute (LLI) in North America must **make application** within 30 days of offering to engage in such activities. Persons who fail to do so may not subsequently engage or offer to engage in above referenced certified professional services or represent themselves as such. A current application form must be completed. No application material may be faxed to the Board, email the Board office at alexis@docspeaks.com should you have any questions.

Please check the appropriate box for the certification for which you are applying:

- Professional Coaching Certification
- Professional School Based Mentoring Certification
- Classroom Management Certification

01. Legal Name _____ | _____ | _____ | _____
First Middle Last Jr., etc

02. Home Mailing Address _____

County _____ Telephone (____) _____

03. Business Name and Mailing Address _____

County _____ Telephone (____) _____

04. Preferred Mailing Address Home Business

05. Social Security No. _____

06. Date of Birth _____ Place of Birth (City/Town and State) _____

07. E-mailing Address _____

.08 Have you been certified by a regulatory board, or **made application** to such a board, in another jurisdiction? Yes No **If yes, indicate the jurisdiction, date of certification (status of application), expiration date, and certification number.**

Jurisdiction	Date of Certification	Expiration Date	Certification Number

.09 Have you ever been denied a professional permit or certification, or privilege of taking an examination, or had a professional certification or permit ever disciplined in any way (e.g., denied, suspended, reprimanded, censured, restricted, limited, placed on probation, revoked, etc) by any regulatory authority in North America or elsewhere, or are you aware of any pending charges against a professional certification or permit which you hold?

Yes No **If Yes, provide details on an attached sheet.**

10. Have you ever been convicted of, or entered a plea of guilty or nolo contendere to any felony or misdemeanor other than a minor traffic violation?

Yes No **If yes, please provide details on an attached sheet and attach a copy of any final judgment/order.**

11. List **other fields** of work for which you are, or have been, certified or licensed; or made application for certification or licensure; giving dates and sources (e.g., board, association, agency). Provide information and verification.

Field	Source	Issue Date	Expiration Date	Cert/Lic #

12. Education. List full name of institution and location, beginning with the most recent. **Arrange to have all transcripts sent directly from your school(s) to the Board, and notify the Board in writing of transcripts will be received in a last name other than that provided under Item 01 on this application form.**

College or University (city & state)	Enrollment Date	Date of Graduation	Degree Awarded	Major area of specialization

13. References. Give the names **and complete mailing addresses** of three **professional** references, other than supervisors listed under item #18, who are **most familiar with your current work** (i.e., will have knowledge of you **professionally within the last year**). At least one reference must be from a professional certified by LLI; two references may be from other professionals. Send a copy of the REFERENCE form to each reference.

Name	Mailing Address

14. Experience. List all relevant work experience (including volunteer) in reverse chronological order, beginning with present position, to cover the **complete** time from, and including, any graduate internship, practicum, or other supervised training experiences that serves as the basis for your current application for certification.

Please check the way in which the prerequisites were met:

Secondary degree, 1,200 hours of supervised facilitation, & 35 hours of behavioral sciences education or

Four-year degree, 100 hours of supervised facilitation, & 35 hours of behavioral sciences education

DATE (descending order)	Hours Per Week	INSTITUTION (Name & Address)	POSITION/TITLE	DUTIES	DIRECT Supervisor (Name & Address)

*If you had an internship, rotation, practicum associated with the degree or upon which you are applying for certification, meets the requirements for certification, it is not necessary for you to list other supervised experiences.

15. Briefly describe why you are applying or reapplying for certification at this time.

16. Do you have a disability which may require some special accommodation in taking the examination(s)? Yes No

If yes, submit the following: (1) a letter describing the accommodations you are requesting and (2) documentation from a medical or mental health professional, who is qualified to administer tests for diagnosing and validating the identified disability, which confirms the disability and provides information that validates the accommodations you are requesting. A request for special accommodations must be made at the time of application unless the disability develops after the time of the application.

17. **Affidavit.** After completing all parts of this application, have the following Affidavit completed by a Notary Public.

_____ personally appeared before me, and having been duly sworn (or affirmed), according to law, made the following affidavit, to wit:

I am aware of the LLI policies which stipulates the requirements for certification and engagement of such professional services. I must provide certified

professional services within the boundaries of demonstrated competence or the limitations of education, training, or supervised experience. Further, I have reviewed the application instructions describing the application process. I am of good moral character, the signature hereto is my own signature and each and every statement made in this application (including the several parts hereto attached and which form a part hereof) was made by me, and is in all respects true and correct to the best of my knowledge and belief.

(Signature of Applicant)

Sworn to (or affirmed) and subscribed before me this ___ day of _____ 20__.

Notary Public

My commission expires _____ 20 ____.

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APPLICATION FOR CERTIFICATION IS MADE ON THE DATE ON WHICH **ALL** OF THE FOLLOWING ARE **RECEIVED** IN THE BOARD OFFICE: (1) COMPLETED, SIGNED NOTARIZED APPLICATION FOR CERTIFICATION; (2) COMPLETED, SIGNED, SUPERVISION CONTRACT FORM; **AND** APPLICATION FEE.