



Request To Be Listed in Referral for Services Database and on our Website Under referrals.

The International DYSLEXIA Association® Alaska Branch

1. Personal Information:

Professional Name: _____ IDA Membership number _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Business Phone: _____ Personal: _____
 Fax: _____
 Email Address: _____ Website: _____

2. Type of Services Offered: Please all check the category and services that best describe your practice:

Legal:	Psychological:	Intervention/Educational:	Medical:	Assessment:
<input type="checkbox"/> Attorney <input type="checkbox"/> Advocate Focus area(s): <input type="checkbox"/> Educational Advocacy <input type="checkbox"/> Writing IEPs <input type="checkbox"/> Advocacy Training <input type="checkbox"/> other (please describe)	<input type="checkbox"/> Social Worker <input type="checkbox"/> School Psychologist Focus area(s): <input type="checkbox"/> Student Counseling <input type="checkbox"/> Adult Counseling <input type="checkbox"/> Family Counseling <input type="checkbox"/> other (please describe)	<input type="checkbox"/> Educational/Academic Therapist <input type="checkbox"/> Reading Specialist <input type="checkbox"/> Academic Tutor <input type="checkbox"/> Speech/ Language Pathologist <input type="checkbox"/> Teacher Training Focus area(s): <input type="checkbox"/> Assistive Technology <input type="checkbox"/> College Preparation <input type="checkbox"/> SAT/Grad./Prof. Exam preparation <input type="checkbox"/> Job counseling <input type="checkbox"/> Post secondary planning/transition <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> English <input type="checkbox"/> Study Skills <input type="checkbox"/> Writing <input type="checkbox"/> Organizational Skills <input type="checkbox"/> Preschool language intervention <input type="checkbox"/> ESL <input type="checkbox"/> other (please describe)	<input type="checkbox"/> General Pediatrics <input type="checkbox"/> Developmental and Behavioral Pediatrics <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Neurologist Focus area(s): <input type="checkbox"/> Diagnostic evaluations <input type="checkbox"/> Dyslexia <input type="checkbox"/> ADHD <input type="checkbox"/> Learning Disabilities <input type="checkbox"/> Medication Management <input type="checkbox"/> other (please describe)	<input type="checkbox"/> Educational Diagnostician <input type="checkbox"/> School Psychologist <input type="checkbox"/> Clinical Psychologist <input type="checkbox"/> Neuro- psychologist <input type="checkbox"/> other (please describe) Focus area(s): <input type="checkbox"/> Dyslexia <input type="checkbox"/> ADHD <input type="checkbox"/> Learning Disabilities <input type="checkbox"/> other (please describe)

Areas of license/certification: _____

State/organization issuing license/certification: _____ License #: _____

Post Graduate/Professional Training: _____

Dyslexia/Literacy/Specific Learning Disability Assessments/Testing: Please describe your practice philosophy to include your theory base (eg. CHC, Discrepancy/Consistency PASS Approach, Cross Battery Assessment, RTI, RTI and Cognitive Hypothesis Testing, "Third Method" alternative research based, or Evidenced Based Differential Diagnosis, etc.):

Dyslexia/Literacy Intervention;

Name of program	Dates and duration of training	Currently Using what Methods/Programs in your practice? Check all those that apply.
Alphabetic Phonetic Structural Linguistic		
Alphabet Phonics (please note if derived program)		
The Association Method		
The Herman Method		
Language!		
Lindamood-Bell Method		
Neuhaus Program		
Orton-Gillingham		
Project Read / Language Circle		
The Slingerland Approach		
The Spalding Method		
Starting Over		
Wilson Reading Program		
Barton		
Sonday		
School District MSI Trainings		
Other		
:		

Alta Certified _____ Alliance _____ ASHA _____ Emslic _____ (Please attach copy of certificate.)

4. Educational Background (Attach additional sheet if necessary)

Institution:	Degree:	Year Awarded:
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Related Professional Experience: (Attach additional sheet if necessary)

Place of Employment:	Professional Role/Title	Dates of Employment:
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. References: (Please provide references from two IDA members or professionals who know your work)

7. Practice or Group

Group or Practice Name _____ IDA Membership number _____

Address _____ City _____ State _____ Zip _____

Phone number _____

PLEASE READ CAREFULLY THE FOLLOWING STATEMENT BEFORE SIGNING:

By my signature below, I certify and attest that all my statements and representations I have made in this application are true and I have all credentials, education, degrees, licenses and/or certifications that are legally or customarily required in my field to perform the services included. Further, I certify and attest that the credentials, education, degrees, licenses and/or certifications are current and have been issued by an institution or body accredited or empowered to do so. Additionally, I certify and attest that I have not been convicted of any felony or crimes involving professional malfeasance or abuse of any kind. I also acknowledge that a disclaimer will accompany any information disseminated by The International Dyslexia Association (IDA) Alaska Branch which indicates that all service providers listed in the database have signed this verification statement.

I understand that listing in the IDA database requires membership in the IDA and is at the **COMPLETE AND SOLE DISCRETION** of IDA. By submitting this application, I agree to accept IDA's determination regarding this request to be listed.

Disclaimer:

1. The Alaska Branch of the International Dyslexia Association supports efforts to provide individuals with dyslexia with appropriate instruction and to identify these individuals at an early age. The Association believes that multisensory teaching and learning is the best approach currently available for those affected by dyslexia.

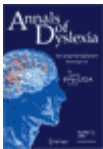
The Association, however, does not endorse any specific program, speaker, or instructional materials, noting that there are a number of such which present the critical components on instruction as defined by The Association's Board of Directors. As the

accreditation initiative moves forward, the Association will, by virtue of its granting “accredited status,” be endorsing certain programs and materials.

2. Articles, advertising, questions/answers, book reviews, etc., that appear in the Alaska Branch of the International Dyslexia Association newsletter are not necessarily recommended or endorsed by IDA. Any interested person is entitled to submit for publication in Alaska Branch of the International Dyslexia Association newsletter. However, the editor does reserve the right to reject any article or ad that is felt to be inappropriate for publishing.

We encourage you to join IDA so that you can enjoy the following:

Benefits of Membership



PERSPECTIVES ON LANGUAGE AND LITERACY (4 issues) IDA’s quarterly, full-color publication discusses educational best practices, curriculum methods, case studies and first-person application of Multisensory Structured Language techniques.

ANNALS OF DYSLEXIA (2 volumes annually - print & online) IDA’s semi-annual scientific journal of the latest, peer-reviewed dyslexia research. ANNALS OF DYSLEXIA is available online or as optional printed editions (2 vol/yr). Unlimited online access, including a digital library of archived back issues.

online



READING AND WRITING: AN INTERDISCIPLINARY JOURNAL All IDA Members have free access to Reading and Writing: An Interdisciplinary Journal.



GROUP SAVINGS PLUS LIBERTY MUTUAL PERSONAL INSURANCE PROGRAM

Access to low group rates for IDA Members on Liberty Mutual auto, home and selected other personal insurance products.



AVIS CAR RENTAL Special savings and services including discounted IDA Member rates on business and leisure vehicle rentals through Avis.

LOCAL BRANCH AFFILIATION Membership in any one of 47 IDA Local Branches in the U.S. or Canada.

PUBLICATION DISCOUNTS Member-only pricing discounts on LD-related publications purchased through the IDA

[Online Bookstore.](#)

IDA NATIONAL CONFERENCE Discounted, Member-Only registration rates on IDA Annual Conference.

BRANCH NEWSLETTER Latest information, workshops and community-based information from your local Branch.

IDA NATIONAL SERVICE PROVIDER DATABASE (*professional referral database*) IDA headquarters in Baltimore, MD, receives hundreds of calls and emails each month from individuals and parents requesting LD resources in their local communities.

As a service provider (tutor, specialist, school, etc.) your contact information can be included in this global referral database. If you would like to be included in this referral database and receive an application for registration, please check the box indicated. Your contact information will remain active in the referral database during the time your membership in IDA remains active. **You must fill out a different form to be listed in this National Database.**

Signed by _____ **Date:** _____

**Send Form to AKBIDA, 6223 Geronimo Circle, Anchorage, AK 99504
or Fax to 907-337-0460, scan and email to info@ak-dyslexia.org**