



**LEVEL III**

(Fall 2007)

**Entrance Application Form**

***Certified Professional Organizer in Chronic Disorganization®***

**Deadline: November 30, 2007**

Classes begin first week of January 2008

NAME: \_\_\_\_\_  
Last First

Business Name: \_\_\_\_\_

Address - Please list a street address for delivery of printed materials and supplies. If you only have a US Post Office Box – please let us know so we can make alternative shipping arrangements.

\_\_\_\_\_  
Street Address Unit Number

\_\_\_\_\_  
City State/Province Zip/Postal Code Country

Phone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Qualification 1)**

I certify I am a member in good standing of the NSGCD

\_\_\_\_\_  
Initials

**Qualification 2)**

I certify I am currently working professionally with one CD client

\_\_\_\_\_  
Initials

**Qualification 3)**

I have received my CD Specialist Certificate on

\_\_\_\_\_  
Month/Year

Waiver form is required for those who have received their CD Specialist prior to 2 years (24 months) of this application deadline date. See [http://www.nsgcd.org/certification/level\\_II/cert\\_level2\\_cdspec.php](http://www.nsgcd.org/certification/level_II/cert_level2_cdspec.php)

**Qualification 4)** I agree to the following Commitments and Program Obligations

- I am willing to attend the Level III Orientation Teleclass on **Tuesday, January 8, 2008 at 7:00PM, EST.**
- I am willing to earn **ten (10) NSGCD Direct service points**, and **three (3) CD General Public service points**, as a fulfillment of the Level III program. See Service Point Plan web link: <http://www.nsgcd.org/subscribersonly/protected/servicepoints.php>
- I am willing to sign a statement of confidentiality with my assigned coach.
- I am willing to initiate the call to meet with my assigned coach by telephone for the 17 program hours.
- I will communicate with the NSGCD Certification Director if my coach and I have difficulty with our overall communications or in our mentor relationship.
- I am willing to complete a total of 3 of the Level I Certificates of Studies to achieve my graduation (one of these certificates must be the Level I **Basic ADD Issues with the CD Client.**)
- I am willing to accomplish my Level II **ADD Specialist Certificate** by my graduation date.
- I am willing to complete the required reading, projects, five written book analyses, written case and assessment studies and complete the statistical survey and program paperwork. **Estimated 107 hours.**
- I am willing to sit for a Peer Review Panel at the culmination of my program. (For more details see Peer Review Application form.)  
<http://www.nsgcd.org/certification/apps/NSGCDWaiverApplication.pdf>.

My signature indicates I am willing to abide by the Commitments and Program Obligations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Fee:** \$2,400.00 US Dollars (includes \$25.00 non refundable application fee.)  
***No refunds after program commencement.***

<p>Application Check List – Please review before mailing</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Fee \$2,400.00 (includes \$25.00 non-refundable application fee)</li> <li><input type="checkbox"/> Initial on Qualification #1 &amp; 2</li> <li><input type="checkbox"/> CD Specialist Certificate date (Qualification #3)</li> <li><input type="checkbox"/> Signature and date on Qualification #4</li> <li><input type="checkbox"/> Optional Payment Plan authorization (if applicable)</li> </ul>
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***We accept credit cards :( please circle card type) Visa Master Card Discover American Express***

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name of Credit Card Holder: \_\_\_\_\_

Billing address of Credit Card: \_\_\_\_\_

Authorization Signature: \_\_\_\_\_

You may FAX the application, but please make checks payable to:

**NSGCD CPO-CD® - Level III Program – Fall 2007  
4728 Hedgemont Drive  
St. Louis, MO 63128 USA**

***Optional Payment Plan Available -- See Page 3 attached***



**LEVEL III Payment Plan Authorization Form**

This form is indented to be used in conjunction with the Level III application form. If you wish to take advantage of the Optional Payment plan, please fill out the information below and attach it with your application, otherwise you do not need to include this as part of your application.

*NOTE: Non-US residence we would prefer if you use a credit card as a form of payment.*

**Check on of the following options:**

- Paying by check**
- Paying by Credit card**

Credit Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name of Credit Card Holder: \_\_\_\_\_

Billing address of Credit Card: \_\_\_\_\_

\_\_\_\_\_

Authorization Signature \_\_\_\_\_

Payment Schedule: These are the dates in which each payment is due either by check or will be charged to your credit card.

First Payment	Due upon receipt of application	\$625
Second Payment	January 10, 2008	\$600
Third Payment	April 10, 2008	\$600
Final Payment	July 10, 2008	\$600

I hereby acknowledge that I will be responsible for payments of my Level III application fees. I authorize charges to the above outlined time-frames for payments. Failure to meet the payment time-frames will result in removal from the Level III CPO-CD® Certification Program

Authorization Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please include this form with your Level III application.***