



Dear VBIDA Member

The Virginia Branch of the International Dyslexia Association (VBIDA) is committed to putting parents, guardians, doctors, and teachers in touch with service providers in their area that can assist them in meeting the needs of children with dyslexia. To further that goal, we encourage service providers to be listed on our website. Recently, we had a computer glitch that wiped all service providers from our system. If you or someone you know wish to be included on our list of service providers, please complete the enclosed Provider Listing Application. Even if you have completed this form before, you need to do so again. We apologize for the inconvenience.

To ensure our organization's credibility, VBIDA needs to be able to verify the accuracy of the certifications and licenses providers list on their credentials. For instance, a provider cannot be listed as an academic language therapist if the provider has not received certification from a body accredited or empowered to license academic language therapists. Likewise, a provider cannot be listed as Orton-Gillingham certified if the provider has not received certification from the Academy of Orton-Gillingham Practitioners and Educators.

Furthermore, in order to be listed on the VBIDA website, service providers are required to be members of the International Dyslexia Association (IDA). Providers can become IDA members by completing an application and submitting an application fee at <https://dyslexiaida.org>. If you are already an IDA member, you can simply fill in your membership number on the Provider Listing Application. Otherwise, please wait to complete the Provider Listing Application until you have applied for IDA membership and received your member number.

We value your partnership in the effort to ensure that every child with dyslexia receives the services needed to give children with this complex learning difference hope and possibility. Please take the time to become a valued team member by returning your Provider Listing Application **to Secretary, VBIDA, 3126 West Cary St., #102, Richmond, VA 23221.**

Sincerely,

Catherine H. Gregory
President
Virginia Branch of the International Dyslexia Association

Public Contact Information

Name _____
Address _____
City _____
State/Zip _____
Phone _____
Email _____
Web Site _____

IDA Member Number _____

Professional Services (Please indicate the order you wish them to appear 1st, 2nd, 3rd)

_____ Assessment/Evaluation	_____ Legal
_____ Academic Language Therapy	_____ Mental Health Therapy & Counseling
_____ Educational Therapy	_____ Speech-Language Pathology
_____ Reading Instruction & Remediation	_____ Advocacy
_____ Tutoring: (specify areas)	
_____ Other:	

Training, Certifications & Education (Please attach copies of licenses/certifications)

Training or Licensing Organization	State	Certification/License Earned	Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Professional Experience (Please attach a copy of your CV/resume)

Employer	State	Professional Role/Title	Employment Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

References (Please provide one client and one professional reference)

Name	Email	Telephone Number
Client: _____	_____	_____
Prof.: _____	_____	_____

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING:

By my signature below, I certify and attest that all my statements and representations I have made in this form 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 I have checked off on this form. 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 issue such licenses and/or certifications. I understand that such licenses and certifications will be verified before I will be listed by VBIDA as a provider. 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 VBIDA indicating that all service providers listed in the database have signed this verification statement.

I understand that listing in the VBIDA database requires membership in the IDA and the decision to list is at the complete and sole discretion of VBIDA. By submitting this application, I agree to accept VBIDA's determination regarding this listing request.

Signature: _____ **Date:** _____

Please return completed application, with attachments to: Secretary, VBIDA, 3126 West Cary St., #102, Richmond, VA 23221