

## DIR®/Floortime™ Course Application:

1. You can complete this application by either printing out this pdf file and completing it by hand or contacting us at [info@floortimeatlant.com](mailto:info@floortimeatlant.com) for an application to complete electronically and send back to us via email [[kplatzman@floortimeatlanta.com](mailto:kplatzman@floortimeatlanta.com)].
2. Our mailing address is Attn: Kathleen A. Platzman, Ph.D., Floortime Atlanta, 1777 Northeast Expressway, NE, Ste 175, Atlanta, Georgia, 30329
3. Be sure to save a hard copy for your own files.
4. Mail a hard copy of completed and signed application.
5. Two letters of recommendation can be sent by mail or e-mail.

<b>Date</b>	<b>E-Mail Address</b>	
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### I. Name and Information:

<b>Last Name</b>		<b>First Name</b>		<b>M.I.</b>	
<b>Degree</b>		<b>Occupation</b>			
<b>License Type</b>		<b>License State</b>		<b>License #</b>	
<b>Other Credentials</b>					

### II. Home Address/Phone:

<b>Street/Apt. #</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>	
<b>Home Phone</b>		<b>Home Fax</b>		<b>Cell Phone</b>	

***Emergency Contacts: In case of emergency, please list two persons you permit us to contact (must be completed):***

<b>Name</b>		<b>Relationship</b>			
<b>Home Phone</b>		<b>Work Phone</b>		<b>Cell Phone</b>	

<b>Name</b>		<b>Relationship</b>			
<b>Home Phone</b>		<b>Work Phone</b>		<b>Cell Phone</b>	

**III. Work Information:**

**1. Current Position**

Title					
Name of Organization/Practice					
Work Address					
City		State		Zip Code	
Work Phone		Work Fax			
Supervisor					

Number of hours per week working with children and families

Intervention		Assessment		Admin/Reports/Other	
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**IV. About You**

**1. Identify your areas of strength.**

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**2. Describe the areas you feel need further development (e.g. work with parents and families, sensory processing, developmental challenges, home-school collaboration, group interventions, etc.). Include special interests:**

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**3. Please list 2 references that are sending letter and whom we may contact**

Name	Phone Numbers	E-Mail Address

You may also be invited to interview by phone or in person.

*Please sign and date hard copy of completed application printed for mailing to Floortime Atlanta (address above):*

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

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