



APPLICATION:
Collaborative Leadership in Ayres Sensory Integration (CLASI)
Certificate in Ayres Sensory Integration (CASI)

Name (as you would like it to appear on your certificate) : _____

Email: _____ Phone: _____

DIRECTORY: I want my name and contact info to be listed on the CLASI website: Yes___ No___

Please check the appropriate box and attach the required documentation.

PROFESSIONAL LICENSE

Please attach the following.
<input type="checkbox"/> Current active occupational therapy, physical therapy or speech and language pathology license

ATTENDANCE

MODULE	Please attach certificates of completion for each module.
MODULE 1	<input type="checkbox"/> online or <input type="checkbox"/> onsite If onsite, please share the location and date of course:
MODULE 2	<input type="checkbox"/> online
MODULE 3	<input type="checkbox"/> onsite Date and Location of M3:
MODULE 4	<input type="checkbox"/> online or <input type="checkbox"/> onsite If onsite, please share the location and date of course:
MODULE 5	<input type="checkbox"/> online or <input type="checkbox"/> onsite If onsite, please share the location and date of course:
MODULE 6	<input type="checkbox"/> onsite Date and Location of M6:

ASSIGNMENTS

Please attach the following assignments.
<input type="checkbox"/> Test Administration and Scoring Check (TASC)
<input type="checkbox"/> Case Summary 1
<input type="checkbox"/> Case Summary 2
<input type="checkbox"/> ASI Fidelity Measure Rating Form

Please submit application form and all attachments to

