



Academy of
Orton-Gillingham
Practitioners
and Educators

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Preliminary Accreditation Application **Orton-Gillingham Training Program**

Date: _____

Name of Program: _____

Name of Director of Program: _____

Contact person (if different from Director of Program): _____

Address (Street, City, State, Zip): _____

Phone: _____ E-mail: _____

Website: _____

Status: Nonprofit For Profit Liability Insurance: Yes No

Training Program(s): Subscriber Associate Certified Fellow

Date the Program was established: _____

Direct service program for dyslexic students:

School Clinic Camp Summer School

Please respond to the following using separate sheets of paper:

- 1) Fellow(s) affiliated with program, including the nature and extent of that affiliation.
- 2) Please describe the training program(s) briefly, with respect to calendar, format, duration, practicum, etc.
- 3) Have individuals trained in this program applied to the Academy for certification? If so, please list those who have been accepted for membership at the level at which they applied.
- 4) Please describe briefly the Orton-Gillingham instructional program you provide for students with dyslexia in conjunction with the practicum.
- 5) License of operation.
- 6) Are you accredited by any other organization? If so, please list.

Please Submit to the AOGPE Office:

- **Application form via email or USPS**
- **\$75 Application fee. Check made out to: AOGPE and mailed to
PO Box 234, Amenia, NY 12501**