



Baby Watch Early Intervention Vision/Deaf Endorsement Application

Name	Date
Address, City, State, Zip Code	Telephone
	H: W:
EI Program	EI Position
Other Certificate/License	Endorsement Applying For
	<input type="checkbox"/> Vision <input type="checkbox"/> Deaf <input type="checkbox"/> Deaf/Blind
Type of Documentation (Please include transcript with application)	
Verified By	Title
Applicants Signature	

Return to:
 Carma Mordecai
 CSPD Coordinator
 Baby Watch Early Intervention
 P.O. Box 144720
 Salt Lake City, UT 84114-4720
 Phone: 584-8443
 Fax: 584-8496

****INTERNAL OFFICE USE ONLY****

Date Of Endorsement	Method used for earning Special Authorization
Comments	CSPD <input type="checkbox"/>
	Portfolio <input type="checkbox"/>
Approval Signature	Transcripts <input type="checkbox"/>
	Other <input type="checkbox"/>