*Please see the accompanying letter detailing instructions for completing this form.*

**Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- |
| ORGANIZATION PROVIDING TRAINING |
|  |
| Name of Organization & Contact Person |  |
| Street Address |  |
| City ST ZIP Code |  |
| County |  |
| Telephone |  |
| E-Mail Address |  |

|  |
| --- |
| DESCRIPTION OF TRAINING |
|  |
| Name of Training |  |
| Description of Training |  |
| Training Length in Hours |  |
| List Any Prerequisites for Attendees |  |
| List 3-5 Training Objectives(In Behavioral Terms) |  |
| Outcome Measures | ❒ Test or Quiz❒ Other(describe): |
| Training Category: Please choose the training category or categories you want this training to be considered for. | ❒ Autism Specific❒ Assessment❒ Co-Morbidity & Medications❒ Crisis Intervention | ❒ Ethics❒ Family Collaboration❒ Instructional Strategies❒ Skill Deficits |
| INSTRUCTORS/AUTHORS |
|  |
| Name  |  | Credentials |  |
| Name  |  | Credentials |  |
| Name  |  | Credentials |  |

|  |
| --- |
| TRAINING AVAILABILITY & ACCESS  |
|  |
| Please check all that apply:❒ This is an ongoing training, and will be available for the foreseeable future. ❒ This training was provided in the past, but we wish to offer credit hours for it.❒ This training is newly developed and will be provided in the future. How often is this training offered? (*If applicable)***TRAINING FORMAT** (check all that apply):❒ Live In-person training❒ Live Webcast❒ Recorded live training or webcast❒ Online Course❒ Other  |
|  |
| **TRAINING MATERIALS** |
|  |
| Please list the supplemental materials you have included for review, and attach copies of all relevant documents. Documentation should include PowerPoints, course outlines, curricula, marketing materials, quizzes or tests, and links to online trainings, if applicable. |

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| We understand that any training approved by BAS will be listed in the *BAS-Approved Behavior Specialist License Course Catalogue,* and that a Completion Certificate must be provided to each successful participant in future trainings with information and wording specified by the Bureau of Autism Services. |

Please submit this form to BAS via email to: ra-bastrainings@pa.gov; by fax to 215-965-0548; or by postal mail to: Bureau of Autism Services | 801 Market Street |Autism, 5th Floor, Suite 5071 | Philadelphia, PA 19107 | ATTN: BAS Training/BSL