

Application for Seminar Approval

Before completing this form, please read instructions on reverse side. Please type or print form.

Applicant Information:

Name of Individual Applying for Approval: _____ Business Phone: _____

Applicant's Email Address: _____

Applicant's Title/Position: _____ Applicant's Employer: _____

Applicant's Business Address: _____

Applicant's Signature: _____ Date Signed: _____

Instructor Information:

Name of Instructor: _____ Business Phone: _____

Instructor's Title/Position: _____ Instructor's Employer: _____

Instructor's Business Address: _____

Instructor's Signature: _____ Date Signed: _____

Seminar Category: (Check one.)

Course Dates: _____

- | | | |
|---|--|---|
| <input type="checkbox"/> Assessment and Evaluation | <input type="checkbox"/> Information Management | <input type="checkbox"/> Principles of Group Facilitation |
| <input type="checkbox"/> Budgeting/Finance | <input type="checkbox"/> Intervention Program Planning and Development | <input type="checkbox"/> Principles of Habilitation Programming |
| <input type="checkbox"/> Business, Health Care, Public, or Social Agency Administration | <input type="checkbox"/> Interviewing and Counseling Techniques | <input type="checkbox"/> Principles of Leadership/Supervision |
| <input type="checkbox"/> Civil and Criminal Investigatory Practices | <input type="checkbox"/> Introduction to Developmental Disabilities | <input type="checkbox"/> Principles of Self-Determination |
| <input type="checkbox"/> Disabilities and Risk Factors From Birth | <input type="checkbox"/> Introduction to Mental Retardation and Developmental Disabilities | <input type="checkbox"/> Principles of Work |
| <input type="checkbox"/> Family Dynamics From Birth | <input type="checkbox"/> Marketing/Public Relations | <input type="checkbox"/> Public or Administrative Law |
| <input type="checkbox"/> Health and Safety Issues Affecting Individuals with DD | <input type="checkbox"/> Negotiation, Conflict Resolution, and Mediation | <input type="checkbox"/> Statistical Analysis |
| <input type="checkbox"/> Human Resources Management | <input type="checkbox"/> Organizational Theory and Development | <input type="checkbox"/> Strategic Planning, Management, and Implementation |
| <input type="checkbox"/> Individual Program Development | <input type="checkbox"/> Principles of Behavior Support | <input type="checkbox"/> Team Models and Community Collaboration |
| <input type="checkbox"/> Infant/Toddler Growth and Development | <input type="checkbox"/> Principles of Community Supports and Integration | |

Approval/Disapproval: (For DODD use only)

- | | | | |
|-----------------------------------|---------------------------------------|---|---|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Disapproved: | <input type="radio"/> Instructor's Vita Not Provided | <input type="radio"/> Insufficient Hours of Instruction |
| | | <input type="radio"/> Syllabus Not Provided | <input type="radio"/> Other (See "Comments" on reverse side.) |
| | | <input type="radio"/> Inappropriate or Inadequate Content | |

Signature of Content Reviewer

Date Signed

Signature of Application Processor

Date Signed

Approval Number

Application for Seminar Approval

Instructions:

1. This application must be completed and submitted at least six weeks prior to the beginning of the seminar. (Seminars are not approved retroactively.)
2. A syllabus that identifies topics, timelines, and objectives of the seminar must be submitted with this form.
3. A copy of the instructor's vita must be submitted with this form.
4. Failure to properly complete this form or to include supporting documents will result in processing delay.
5. A copy of this form will be returned to the applicant with approval/disapproval noted.
6. Seminar participants must attend the entire session as described in the syllabus.
7. Seminar instructors are responsible for maintaining records to sufficiently document attendance by participants.
8. Seminar instructors should verify attendance at the conclusion of the seminar.
9. Seminar participants are responsible for securing verification of attendance at the conclusion of the seminar.
10. Call **1-800-617-6733** if you need assistance completing this form and choose Certification when prompted.
11. Please email this completed form and supporting documents to provider.certification@dodd.ohio.gov or fax to **614-728-7836**

Comments:
