ois instructor Workshop

INDEPENDENT CANDIDATE APPLICATION

# introduction

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| **Introduction** | **Please Type or Print** |
| Name: |  |
| Address: |  |
| Phone Number: |  |
| Email Address: |  |
| Business Name (if applicable) |  |
|  |  |
| Education: |  |
| Institution(s): |  |
| Degree(s): |  |
|  |  |
| Current Job Title: |  |
| Tenure in Position: |  |
| Time in Human Services |  |
| Time working with the I/DD population |  |
| Describe your past and current job experience working with people with I/DD |  |
|  |  |
| Do you hold a current  OIS Certificate? If so, list trainer name and certificate level. |  |
| How many times have you been OIS certified? |  |
| Describe your current job responsibilities: |  |

# training qualities

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| **Qualities** | **Please Type** |
| Describe any previous training experience to adult learners. |  |
| Are you currently employed to provide training? If so, in what subject matters? |  |
| OIS workshops require that you teach between 12-16 hours over two days. What is the longest time period you have taught a subject matter? What was the training and how often do you train? |  |
| Do you have experience providing training in Positive Behavior Supports? If so, please describe: |  |
| How comfortable are you speaking in front of others? Explain. |  |
| What is your experience using PowerPoint as a trainer? |  |
| Describe the difference between training and teaching: |  |
| List what you feel are the most important aspects of training or teaching others: |  |

# knowledge of behavior supports

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| --- | --- |
| **Knowledge** | **Please Print or Type** |
| Describe your experience participating in or completing a Functional Behavior Assessment (FBA) and/or a Positive Behavior Support Plan (PBSP). |  |
| Describe your understanding of person-centered supports. |  |

# OIS

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| **We have found it useful for Instructor Candidates to describe what they feel are the most important aspects of the Oregon Intervention System.**  **Please use the following space to describe your understanding of implementing OIS.** |
|  |

# Committment

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| --- | --- |
| **Commitment** | **Participant Initials** |
| Does/will your current job allow you additional time to manage the extra work associated with becoming an OIS Instructor? |  |
| Are you willing to travel and/or be away overnight to complete your training/certification? |  |

# Refunds

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| **Workshop Refunds** | **Participant Initials** |
| Refund of payment will not be permitted if cancellation occurs within seven (7) days of participation in the O.I.S. Instructor Workshop. Agencies may substitute individuals prior to the beginning of the Instructor Workshop with the proper paperwork requirements completed |  |

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**VERIFICATION FORM**

By signing this document, I certify that…

• I have not been convicted of a felony

• I have not received disciplinary action from a professional board as a member of that profession

• I have not been substantiated in an Abuse/Neglect investigation

• I have not failed the State Background check

• I have not received correspondence for noncompliance or disciplinary action from the Oregon Intervention System-Steering Committee (O.I.S.-SC) for:

o failure to adhere to O.I.S. values

* failure to teach the entire approved curriculum over 12 to 16 hours over two or

more days

o for not following the O.I.S. Workshop Guidelines and Instructor Standards as noted in the O.I.S. Instructors Manual

o including material that has not been authorized by the Steering Committee

o training physical interventions that have not been approved

o failure to report O.I.S. training and submit evaluations within 30 days of an O.I.S. workshop

o charge above the determined fee set by the O.I.S.-SC for an O.I.S. workshop

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# submission

**Submission Requirements**

* Signed and dated application
* Copy of current OIS 2-day workshop certificate (front and back)
* Two (or more) professional letters of reference from within the industry (outside your workplace)

Email or mail all documents to Alternative Services – Oregon, Inc. at:

ASI/OIS

7165 SW Fir Loop, Suite 200

Tigard, OR 97223

Attn: OIS Data Coordinator

Email: [OIS@asioregon.org](mailto:OIS@asioregon.org)