ois instructor Workshop

BEHAVIOR PROFESSIONAL NON-INSTRUCTIONAL APPLICATION

# introduction

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| **Introduction** | **Please Type or Print** |
| Name: |  |
| Address: |  |
| Phone Number: |  |
| Email Address: |  |
|  |  |
| Education: |  |
| Institution(s): |  |
| Degree(s): |  |
|  |  |
| Current Job Title: |  |
| Tenure in Position: |  |
| Time in Human Services |  |
| Time working with the I/DD population |  |
|  |  |
| Agency (if applicable): |  |
| Agency Address: |  |
| Agency Phone #: |  |
| Agency Email: |  |
|  |  |
| Describe your past and current experience working with people with I/DD |  |
| Have you been through OIS as a participant before? If yes, when? |  |
| Do you hold a current  OIS Certificate? If so, list trainer name, dates, certificate level |  |

# training qualities

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| --- | --- |
| **Qualities** | **Please Print or Type** |
| Do you have experience providing training? |  |
| If so, please describe: |  |
| If so, in what subject matters? |  |
| Do you have experience providing training in Positive Behavior Supports? |  |
| If so, please describe: |  |

# knowledge of behavior supports

|  |  |
| --- | --- |
| **Knowledge** | **Please Print or Type** |
| Describe your experience participating in or completing a Functional Behavior Assessment (FBA). |  |
| Describe your experience implementing and/or developing 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.** |
|  |

# approval

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| --- | --- |
| **Approval** | **Date of Approval** |
| Have you been approved by ODDS as a Qualified Behavior Professional? If yes, date of approval: |  |

# Refunds

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| --- | --- |
| **Workshop Refunds** | **Supervisor or 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 \_\_\_/\_\_\_/\_\_\_

Supervisor Signature (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Supervisor Print Name (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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)