Pennsylvania Office of Child Development and Early Learning - Early Intervention Technical Assistance

**Autism Navigator**

**Enrollment Agreement for Intensive Behavioral Health Services (IBHS) Providers**

***Instructions:***

*Please read all agreements below. If you agree to these terms, check the boxes. Fill in* ***all*** *other fields, including the e-signature. Once complete, submit this Enrollment Agreement to* [BH-ANenroll@pattan.net](mailto:BH-ANenroll@pattan.net). *Keep a copy for your records.*

*Your Enrollment Agreement will be reviewed and assigned a determination status: (1) approval for enrollment, (2) wait list status, or (3) not eligible. You can expect an email notice of your status within two weeks. If you haven’t received a reply within that time, email an inquiry to* [BH-ANenroll@pattan.net](mailto:BH-ANenroll@pattan.net) . *If approved for enrollment, you will receive an Enrollment Invitation via email that includes instructions and a personal code to enroll in the Autism Navigator course.*

*Thank you for your interest in this professional development opportunity.*

**Your name**: Click here to enter text. **Your email**: Click here to enter text. **Date:** click to enter date

**Are you providing behavioral health services to children residing in Pennsylvania**  Yes  No

**If yes, identify your position** (*select one*): **If other, please describe position**: Click here to enter text.

**If you are providing behavioral health services in Pennsylvania through a Provider agency, please identify the primary provider you associate with below.**

Agency Name: Click here to enter text.

Agency Phone: Click here to enter text.

**If you are providing behavioral health services in Pennsylvania as an independent contractor, please enter your mailing address below.**

Your mailing address: Click here to enter text.

I am currently providing or supervising intensive behavioral health services in PA. I anticipate working in this role with young children (Birth through age 6) in the upcoming year (2020-21).

I have read and understand the *Autism Navigator for Early Intervention Providers: Knowlege and Skills Course Description* and *Enrollment Guide for PA IBHS Providers.*

I agree, to the best of my ability, to complete the 30 hour Autism Navigator course within one year of registration.

*It is recommended that you budget* ***at least 5 hours per month*** *to course completion. This supports continuity of learning and allows time to finish and use course resources and tools.* ***Enrollment is for one year only.***

I will **not** share my enrollment code with any persons, agencies, groups or organizations.

I will notify OCDEL/EITA ( [BH-ANenroll@pattan.net](mailto:BH-ANenroll@pattan.net) ) if I am unable to fulfill this agreement.

I have access to the following computer resources required to use the online course: 1. Internet connection w adequate

speed to view videoclips, 2. Speakers or headphones for audio, 3. The latest version of Chrome, Safari or Firefox.

(Explorer is not supported), and 4) Adobe Reader for PDF files

Your signature: Click here to enter text.