



Developmental Disabilities Administration

Behavioral Principles and Strategies

APPLICATION FOR INSTRUCTOR CERTIFICATION

NAME: _____

POSITION: _____

LICENSEE: _____

ADDRESS: _____

E-Mail: _____

TELEPHONE #: () - FAX #: () - _____

EDUCATIONAL BACKGROUND AND EXPERIENCES

List Higher Education, Trainer Workshops, Adult or Continuing Education Courses

DATE OF COURSE	COURSE NAME	SPONSORING AGENCY

PREVIOUS TRAINING CONDUCTED

SUBJECT	AUDIENCE TYPE	YEARS TAUGHT

EMPLOYMENT EXPERIENCE

DATES (FROM – TO)	POSITION	EMPLOYER

Pre-requisites – DDA Training Requirements *	Date/s:	Name of Trainer
Aging Process & the Special Needs of the Elderly		
Communicable Diseases		
Communication Skills		
Community Integration and Inclusion		
CPR		
First Aid		
Fundamental Rights		
General Characteristics and Needs of Individuals Served		
Individual-directed, Outcome-oriented Planning for Individuals		
BPS		
Principles of Behavior Change		
Seizure Disorders		
Supporting Individuals and Families in Making Choices		
Train-the-Trainer (including adult learning theory)		

***PLEASE ATTACH COPIES OF CERTIFICATES FOR THE TRAININGS LISTED ABOVE**

Applicant Signature

Date

Supervisor's Signature

Date

TO BE COMPLETED BY THE REGIONAL TRAINING COORDINATOR

	Date	Regional Coordinator Signature
Application Received		
Application Approved		
BPS T-T-T Course Completed		
Co- Training Dates		
Observation/Critique Completed		
Trainer Certification		
Cross Trainer Certification		
Master Trainer Certification		

Regional Training Coordinator's Signature

Date

*Note – Some training may be waived by the Regional Training Coordinator