Syllabus (Outline) and Application for Approval as a 
Provider of Training or Course Work in 
the Needs of Children with Autism
THE UNIVERSITY OF THE STATE OF NEW YORK

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JOHANNA DUNCAN POITIER

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Acknowledgement

The Office of Higher Education of the New York State Education Department would like to thank the following internal and external workgroup members for their expertise and assistance in assuring that educators in New York State are prepared to effectively educate children with autism. These individuals provided the Department valuable knowledge and guidance to develop regulations and the essential components for course work or training in the needs of children with autism in order to implement Chapter 143 of the Laws of 2006 and Chapter 484 of the Law of 2008.

Dr. Christine Ashby, Syracuse University
Dr. Kristin Christodulu, State University of New York at Albany
Dr. Shirley Cohen, The City University of New York, Hunter College
Dr. Gerald Mager, Syracuse University
Anita Behn, Assistant, Educational Improvement Services
Robert Bentley, Assistant Commissioner, Office of Teaching Initiatives
Alison Conners, Associate in the Education of Students with Disabilities
Sandra Cote, Associate in Education of Students with Disabilities
Patricia Geary, Coordinator of Special Education Policy and Professional Development, Vocational and Educational Services for Individuals with Disabilities (VESID)
Richard Gervais, Supervisor of Teacher Education
Lisa Luderman, Associate, Office of College and University Evaluation
Barbara Meinert, Coordinator, Office of College and University Evaluation
Dr. Edward Placke, Assistant Commissioner of VESID
Nancy Taylor Baumes, Associate in Teacher Education, Office of Teaching Initiatives
In response to the growing number of children being diagnosed with autism, the Legislature enacted Chapter 143 of the Laws of 2006 to amend Sections 3004(4) and (5) of the Education Law to require that all persons applying for a teaching certificate or license on or after February 2, 2007, as a special education teacher or as a school administrator who works in special education, complete course work or training in the needs of children with autism. Special education teachers include those with certification titles in special education, students with disabilities, teaching students who are deaf or hard-of-hearing, teaching students who are blind or visually impaired, and teaching students with speech and language disabilities.

In 2008, the Legislature enacted Chapter 484 of the Laws of 2008, which further amends Sections 3004(4) and (5) of the Education Law by extending the timeframe for those applying for a teaching certificate or license as a special education teacher to complete such course work or training from February 2, 2007 to September 2, 2009. The new legislation also clarifies that school administrators and supervisors assigned on or after September 2, 2009 to serve as special education administrators must complete training in the needs of autistic children as soon as practicable after their assignment. Certified school administrators or supervisors assigned to serve as special education administrators prior to September 2, 2009 are required to have enhanced training in the needs of children with autism by such date. The legislation also extends the timeframe that institutions of higher education must add enhanced course work or training in autism to their special education programs until the 2008-2009 academic year. The amendment allows enhanced course work or training in autism to be provided as part of the school district’s or BOCES professional development program.

To implement this legislation, additions and amendments have been made to the Regulations of the Commissioner of Education, effective July 11, 2008. These regulations:

- detail the required components of such course work or training within special education programs at institutions of higher education (Section 52.21);
- require that candidates applying for a certificate in special education through individual transcript evaluation to have training in the needs of students in autism by September 2, 2009 (Section 80-1.12);
- set forth the standards for course work and training and establish the application process for organizations seeking to become approved providers of such course work or training (Subpart 57-3); and
- require the Department to develop a syllabus for providers offering such course work or training (Subpart 57-3).

The law requires that the course work or training must be obtained from an institution or provider that has been approved by the State Education Department to offer such course work or training, must follow the Department’s Autism Syllabus (outline) (see Attachment A), and must meet the minimum time requirements.

Subpart 57-3 of the Commissioner’s Regulations defines the entities eligible to serve as providers of training or course work in the needs of children with autism. Under the Regulations, a provider must be one of the following:
Teachers' or professional organization or association
School district
Board of Cooperative Educational Services (BOCES)
Nonpublic school
Institution of higher education (Note: New York State institutions with approved students with disabilities program leading to certification are exempt from the application process and deemed approved, pursuant to Subpart 57-3.7.)
Hospital
Health care facility
Government agency or office
Social service agency
Any other organization whose purpose is the provision of course work in the needs of students with autism.

To be approved as a provider, an eligible organization must submit acceptable evidence to the Department that it has adequate resources (e.g., financial, physical, personnel) to offer such course work or training. Providers must also demonstrate the competence of the instructors offering the training through earned degrees, training, expertise, and relevant experience in the provision of training or course work in the needs of children with autism.

Once approved, the terms of providers’ authorization are:

- Term of approval of six years, with the possibility of renewal.
- Training will not be limited to one specific group or teaching in specified geographic areas.
- Providers are permitted to charge fees for the training.
- The Department requires that a sample Certification of Completion form be submitted by each provider to be kept on file with the Department; providers may use the attached Model of Certification of Completion.
- The form must confirm each trainee's fulfillment of the law's requirements.

Those entities interested in becoming an approved provider must complete the application, all supporting documents, and include a nonrefundable fee of $600, in the form of a certified check or money order, made payable to the New York State Education Department. These materials should be sent to the address below. Questions may be directed to appinfo@mail.nysed.gov. In the subject line, type “Autism Application.”

New York State Education Department
Bureau of Fiscal Management
P.O. Box 7346
Albany, NY 12224-0346
APPLICATION FOR APPROVAL AS A PROVIDER OF COURSE WORK OR TRAINING IN THE NEEDS OF STUDENTS WITH AUTISM

Enclosed is information for entities seeking to apply to become approved providers of course work or training in the needs of students with autism. Please carefully review and complete all materials. In order to be considered, applications must be accompanied by ALL supporting materials AND the $600 application processing fee. The course work or training must follow the Department’s Autism Course Work/Training Syllabus (Outline) (see Attachment A), and must meet the minimum time requirements allotted for each topic within the Outline.

To be approved as a provider, an eligible organization must submit the accompanying application and acceptable evidence to the Department that it has adequate resources (e.g., financial, physical, personnel) to offer the course work or training. Providers must also demonstrate to the Department the competence of the instructors who will offer such course work or training by earned degrees, training, expertise and relevant experience, as determined by the Department.

The Department’s term of approval is six years, with the possibility of renewal. Approved providers will be permitted to charge fees for such course work and training. The Department requires that a sample Certification of Completion form be submitted by each provider to be kept on file at the State Education Department; providers may copy and use the attached Model of Certification of Completion (Attachment B). The form must be used to verify each trainee's fulfillment of the requirements set forth in Sections 3004(4) and (5) of the Education Law.

This packet includes:

- Application for Approval as a Provider
- New York State Training/Course work Autism Syllabus (Outline) – Attachment A
- Sample Certification of Completion – Attachment B
- Provider Agreement and Responsibilities – Attachment C

Completed applications and all supporting documents, plus the nonrefundable processing fee of $600, in the form of a certified check or money order, made payable to the New York State Education Department, should be submitted to the address below. Questions may be emailed to appinfo@mail.nysed.gov. In the subject line, please type “Autism Application.”

New York State Education Department
Bureau of Fiscal Management
P.O. Box 7346
Albany, NY 12224-0346
APPLICATION FOR APPROVAL AS A PROVIDER OF COURSE WORK OR TRAINING IN THE NEEDS OF STUDENTS WITH AUTISM

1. Complete the Applicant/Provider Information

<table>
<thead>
<tr>
<th>Applicant/Provider Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td></td>
</tr>
<tr>
<td>County</td>
<td></td>
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<tr>
<td>Telephone</td>
<td></td>
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<tr>
<td>Facsimile</td>
<td></td>
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<tr>
<td>Contact Person and Title</td>
<td></td>
</tr>
<tr>
<td>Contact Person Phone and Email</td>
<td></td>
</tr>
<tr>
<td>Webpage address (if applicable)</td>
<td></td>
</tr>
</tbody>
</table>

2. Check One Provider* Category

<table>
<thead>
<tr>
<th>__ Teacher or professional organization or association</th>
<th>__ Social service agency</th>
<th>__ Health care facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>__ Any other organization whose purpose is the provision of course work in the needs of students with autism.</td>
<td>__ Government agency or office</td>
<td>__ Hospital</td>
</tr>
<tr>
<td>____ Board of Cooperative Educational Services (BOCES)</td>
<td>__ School district</td>
<td>__ Nonpublic school</td>
</tr>
<tr>
<td>____ Other (Please Identify)</td>
<td></td>
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</tr>
</tbody>
</table>

*Note: New York State institutions of higher education with approved students with disabilities programs leading to certification are exempt from the application process and are deemed approved, pursuant to Subpart 57-3.7.

3. Describe the population served and the major purpose of the organization.

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

4. Resources: Describe the financial, physical, and personnel resources that you will utilize to offer the course work or training. Documentation of financial resources may include the most recent certified audit, verification of deposits, and funding sources (e.g., government, private, corporate, etc.) or description of other assets. Physical and personnel resources should include training location, equipment to be used, the number of individuals involved in providing the training, etc.

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

☐ I have attached documentation regarding resources.
5. Target Audience: (Check all that apply)

<table>
<thead>
<tr>
<th>Special Edc. Teachers</th>
<th>Other Teachers</th>
<th>Support Personnel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrators</td>
<td>Others (specify)</td>
<td></td>
</tr>
</tbody>
</table>

6. Identify the Certifying Officer(s) who will sign the Certification of Completion Forms:

1. Name and Title
   Phone and Email Address
   Signature

2. Name and Title
   Phone and Email Address
   Signature

7. Individual(s) responsible for Maintaining the Certification of Completion Forms:

   Name
   Address
   Phone and Facsimile
   Address where Certification of Completion Forms will be maintained (if different from above)

8. Course work of Training
   a. The anticipated length of the course is _____ hours.
   b. Delivery format: (Check all that apply)
      - [ ] live classroom-based lecture/discussion
      - [ ] live lecture/discussion at a distance (e.g. teleconference, one-way or interactive)
      - [ ] interactive Internet-based delivery
      - [ ] self administered distance delivery, including:
        - [ ] print
        - [ ] video cassette
        - [ ] other (please specify) ____________________________
9. Fees: (Check one)

[ ] Yes, fees will be charged to participants. (If yes, please indicate amount and describe provisions for refunds in case of course cancellation, withdrawal, or failure to complete.)

[ ] No, fees will not be charged to participants

10. Content of Training or Course Work: Complete this curriculum guide for the training or course work in the needs of students with autism and attach a detailed plan/guide to lead the training.

**CURRICULUM GUIDE WORKSHEET**

<table>
<thead>
<tr>
<th>Topic and Time Allotment</th>
<th>Participant Learning Outcomes</th>
<th>What methods will be used to convey this information?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definitions 10 minutes*</td>
<td>Participants will know the definitions of autism for purpose of special education eligibility and autism spectrum disorder (ASD) as a pervasive developmental disability.</td>
<td></td>
</tr>
<tr>
<td>Etiology and Prevalence 10 minutes*</td>
<td>Participants will be introduced to etiology findings and become familiar with the most current statistics regarding the prevalence of ASD in children.</td>
<td></td>
</tr>
<tr>
<td>Characteristics 30 minutes*</td>
<td>Participants will know some of the common characteristics on the autism spectrum.</td>
<td></td>
</tr>
<tr>
<td>Evidence Based Instructional Methods/Interventions for Teaching Students with ASDs</td>
<td>• Participants will recognize the research surrounding autism. • Participants will know some of the different evidenced-based instructional</td>
<td></td>
</tr>
<tr>
<td>Topic and Time Allotment</td>
<td>Participant Learning Outcomes</td>
<td>What methods will be used to convey this information?</td>
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<td>----------------------------------------------</td>
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</table>
| 80 minutes*                                  | methods/interventions that are available for working with students with autism.  
- Participants will understand the value of data collection and analysis as an on-going formative assessment tool to monitor progress and improve instruction.  
- Participants will have an understanding of how autism affects communication along the spectrum. |                                                                                                      |
| Behavior Management and Positive Behavioral Supports 30 minutes* | Participants will have an understanding of specific behavioral challenges and positive interventions for students with ASD and will become more knowledgeable about the resources available to support students with ASD. |                                                                                                      |
| Effective Collaboration, Resources and Supports 20 minutes* |  
- Participants will understand the value of: using cross-disciplinary service delivery systems; supporting students with ASD in the general education environment and communicating effectively with and supporting the family.  
- Participants will become aware of resources to support students with an ASD and their families, including early childhood supports, community service agencies, transitional support services and Vocational |                                                                                                      |
<table>
<thead>
<tr>
<th>Topic and Time Allotment</th>
<th>Participant Learning Outcomes</th>
<th>What methods will be used to convey this information?</th>
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<td></td>
<td>Rehabilitation Services, advocacy groups and associations, and the <em>Autism Program Quality Indicators.</em></td>
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</table>

* These are minimum amounts of time for each topic. However, due to the nature of the topic components, it is anticipated that there will be an overlap of topic discussions. For example, during the 80 minute time period for *Evidence Based Instructional Methods/Interventions for Teaching Students with ASD,* it is likely that some characteristics of students with ASD would again be discussed.

- Please attach a detailed plan to lead the three hour training.
11. Instructor Qualifications Form(s) for each proposed instructor, complete this form and provide information specific to education, training and/or experience relevant to teaching a course or providing training in the needs of students with autism. Duplicate as necessary.

<table>
<thead>
<tr>
<th>Instructor’s Name</th>
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<tr>
<td>Current employment title</td>
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<tr>
<td>Name, address, and phone number of current employer</td>
</tr>
</tbody>
</table>

Faculty and educational specialists who offer the course work or training in the needs of students with autism must have demonstrated by training, earned degrees, or experience, their competence to offer the course work or training. They must hold at least a master’s degree; and have specialized training in autism, or shall have demonstrated, in other widely recognized ways, their specialized knowledge in the area of autism, as determined by the department [Section 57-3.3(b)(2)]

**EDUCATIONAL PREPARATION:**

<table>
<thead>
<tr>
<th>Institution Name</th>
<th>Location</th>
<th>Autism Specific Course Work (attach additional sheets if necessary)</th>
<th>Degree</th>
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</table>

Provide a brief description of professional experiences in autism. Include courses/trainings attended or lead (taught) not identified above.

**PROFESSIONAL EXPERIENCES:**

<table>
<thead>
<tr>
<th>Provide name and location of experience/workshop/conference/training</th>
<th>Attended</th>
<th>Led</th>
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</table>

**NEW YORK STATE LICENSE/CERTIFICATE (If Any):**

Professional Area | License/Certificate Number

☐ Check if you have Attached Additional Sheets or Instructor Qualifications Forms
12. Certification of Completion Form (Attachment B): This form may be duplicated and used, or the provider may design a form which includes the minimum required information on the model form. Check One:

☐ Using sample form  
☐ I have attached a comparable form. (Attached)

13. My signature below indicates that I have read and understand the Provider Agreement and Responsibilities (Attachment C).

Signature


**PARTICIPANT EVALUATION:** An evaluation of participant knowledge is not required, but it is strongly recommended by the Department. If using an evaluation form to determine if the participant has achieved the learning objectives/student outcomes, please attach. Check one.

☐ Plan attached  
☐ Plan not attached

**WORKSHOP/INSTRUCTOR EVALUATION:** An evaluation of the workshop and/or instructor by participants is not required in Regulations, but it is strongly recommended by the Department. If using an evaluation form to evaluate either or both the instructor(s) or workshop, please attach. Check one.

☐ Plan attached  
☐ Plan not attached
15. Resources: This is a list of required resources to be provided to ALL participants taking training or course work in the needs of students with autism. It is expected that the approved provider will provide ADDITIONAL resources to workshop participants. In the space below this list, provide the list of additional resources to be provided to participants. Attach additional resources if necessary.

New York State Health Department:

New York State Education Department – Part 200 or the Regulations of the Commissioner of Education:

New York State Education Department Autism Home Page:
http://www.vesid.nysed.gov/specialed/autism/

New York State Education Department – Autism Program Quality Indicators:
http://www.vesid.nysed.gov/specialed/autism/apqi.htm

New York State Regional Centers for Autism Spectrum Disorders:
http://www.albany.edu/psy/autism/RCASD.htm

University at Buffalo/Summit Educational Resources: http://wnyautismcenter.org/

University of Rochester: http://www.urmc.edu/childrens-hospital/autism/index.cfm

University at Albany: http://www.albany.edu/psy/autism/autism.html

New York Medical College/Westchester Institute for Human Development:
http://wihd.org/current/march_2008_regautism.html


Queens College: fbrowncuny@aol.com

The following additional resources will be provided to participants:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

☐ Additional resources are attached.
16. **CHECKLIST:** Please be sure that the following items are included:

- Completed Application for Approval as a Provider
- $600 nonrefundable application fee, payable to the New York State Education Department. The Department will accept money orders and certified checks, but cannot process purchase orders or vouchers. Applications cannot be reviewed without the appropriate fee.
- All attachments/additional information requested in application.

*** Retain a copy of the entire application for your records prior to mailing to: ***

New York State Education Department  
Bureau of Fiscal Management  
P.O. Box 7346  
Albany, NY 12224-0346

Questions may be directed to the following email address: appinfo@mail.nysed.gov. In the subject line, please type “Autism Application.”
# New York State Syllabus (Outline) for 3-hour training or course work in the needs of students with autism

<table>
<thead>
<tr>
<th>Topic</th>
<th>Topic components must include, but are not limited to</th>
<th>Time Allotment</th>
<th>Participant Learning Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definitions</td>
<td>• Individuals with Disabilities Education Act (IDEA) and Part 200 of the Regulations of the Commissioner of Education</td>
<td>10 minutes*</td>
<td>Participants will know the definitions of autism for purpose of special education eligibility and autism spectrum disorder (ASD) as a pervasive developmental disability.</td>
</tr>
<tr>
<td>Etiology and Prevalence</td>
<td>• Etiology · Current national and State statistics regarding the number of individuals with autism</td>
<td>10 minutes*</td>
<td>Participants will be introduced to etiological findings and become familiar with the most current statistics regarding the prevalence of ASD in children.</td>
</tr>
<tr>
<td>Characteristics</td>
<td>More common: · Autistic Disorder · Pervasive Developmental Disorder not otherwise Specified (PDD-NOS) · Asperger’s Syndrome</td>
<td>20 -25 minutes*</td>
<td>Participants will know some of the common characteristics on the autism spectrum.</td>
</tr>
<tr>
<td></td>
<td>· Less common: · Childhood Disintegrative Disorder · Rett’s Disorder</td>
<td>5-10 minutes*</td>
<td></td>
</tr>
<tr>
<td>Evidence Based Instructional Methods/Interventions for Teaching Students with ASDs</td>
<td>• Introduction to evidenced-based instructional methods/interventions used to support students with ASD in the areas of communication, sensory, social skills and academic learning needs. · Designing educational environments to maximize learning. · Maintenance of skills and generalization of</td>
<td>80 minutes*</td>
<td>• Participants will recognize the research surrounding autism. · Participants will know some of the different evidenced-based instructional methods/interventions that are available for working with students with autism. · Participants will understand the value of data collection and analysis as an on-going formative assessment.</td>
</tr>
<tr>
<td>Topic</td>
<td>Topic components must include, but are not limited to:</td>
<td>Time Allotment</td>
<td>Participant Learning Outcomes</td>
</tr>
<tr>
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<td></td>
<td>skills to new environments.</td>
<td></td>
<td>tool to monitor progress and improve instruction.</td>
</tr>
<tr>
<td></td>
<td>• Introduction to behavior management strategies, positive behavioral interventions and supports for students with ASD, including the use of functional behavioral assessment to direct intervention planning for students who display challenging behaviors.</td>
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<tr>
<td></td>
<td>• Introduction to resources for using positive behavioral interventions and supports at the individual, class and schoolwide levels.</td>
<td>30 minutes*</td>
<td>Participants will have an understanding of specific behavioral challenges and positive interventions for students with ASD and will become more knowledgeable about the resources available to support students with ASD.</td>
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<tr>
<td></td>
<td>• The need for school district and administrative support and information about ASD.</td>
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<tr>
<td></td>
<td>• The role of the educator and administrator in providing strategies and information about working effectively and collaboratively with students with ASD to school staff, parents and others.</td>
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<tr>
<td></td>
<td>• Understanding the impact of ASD on the family and promoting family involvement.</td>
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<tr>
<td></td>
<td>• Resources available to</td>
<td>20 minutes*</td>
<td>Participants will understand the value of: using cross-disciplinary service delivery systems; supporting students with ASD in the general education environment and communicating effectively with and supporting the family.</td>
</tr>
<tr>
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<td>Participants will become aware of resources to support students with ASD and their families: early childhood supports, community service agencies, transitional support services and</td>
</tr>
<tr>
<td>Topic</td>
<td>Topic components must include, but are not limited to:</td>
<td>Time Allotment</td>
<td>Participant Learning Outcomes</td>
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<tr>
<td></td>
<td>support students, parents, and schools.</td>
<td></td>
<td>Vocational Rehabilitation Services, advocacy groups and associations, and the Autism Program Quality Indicators.</td>
</tr>
</tbody>
</table>

* These are minimum amounts of time for each topic. However, due to the nature of the topic components, it is anticipated that there will be an overlap of topic discussions. For example, during the 80 minute time period for Evidence Based Instructional Methods/Interventions for Teaching Students with ASD, it is likely that some characteristics of students with ASD would again be discussed.
<table>
<thead>
<tr>
<th>PART A</th>
<th>TRAINEE INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Trainee must complete all items in Part A. Return to provider for completion of Part B, &quot;Certification by Approved Provider.&quot;</td>
</tr>
<tr>
<td>2.</td>
<td>The provider will return the Certification form, with Part B completed, to the trainee. It is the trainee's responsibility to submit the original copy of this Certification form to the New York State Education Department at the appropriate time. It should be submitted along with other relevant forms when the trainee applies for certification.</td>
</tr>
</tbody>
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<thead>
<tr>
<th>1.</th>
<th>Print name exactly as it currently appears on New York State Education Department records:</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Last Name:</td>
</tr>
<tr>
<td></td>
<td>First Name:</td>
</tr>
<tr>
<td></td>
<td>Middle Name/Initial:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2.</th>
<th>Print your address:</th>
</tr>
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<th>3.</th>
<th>Date of Birth Month Day Year:</th>
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<tr>
<th>4.</th>
<th>Social Security Number:</th>
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|           | Trainee’s Signature: __________________________ Date: __________ |

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<tr>
<th>PART B</th>
<th>CERTIFICATION BY APPROVED TRAINING PROVIDER</th>
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<tbody>
<tr>
<td>1.</td>
<td>Provider must complete Part B.</td>
</tr>
<tr>
<td>2.</td>
<td>The EDUCATION DEPARTMENT - ORIGINAL COPY and TRAINEE COPY should be returned to the trainee within 21 calendar days of the completion of course work or training.</td>
</tr>
<tr>
<td>3.</td>
<td>The provider of the course work or training must retain the PROVIDER COPY. This copy must be retained in the provider’s files for not less than six years from the date the course was completed.</td>
</tr>
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</table>

Pursuant to §§3004(4) and (5) of the Education Law, as added and amended by Chapter 143 of the Laws of 2006 and Chapter 484 of the Laws of 2008, I certify that the person indicated in Part A has completed the required course work or training in the needs of children with autism.

<table>
<thead>
<tr>
<th>Name of Authorized Certifying Officer (Print or Type)</th>
<th>Approved Provider Name</th>
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<tr>
<th>Signature of Authorized Certifying Officer</th>
<th>Identification Number:</th>
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<tr>
<th>Training/Course work Date(s):</th>
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NEEDS OF STUDENTS WITH AUTISM COURSE WORK PROVIDER AGREEMENT

1. The applicant/provider agrees that the course work or training will cover, at a minimum, the required components of the New York State Training/Course work Autism Syllabus (Outline) (Attachment A), pursuant to Subpart 57-3.5 of the Regulations of the Commissioner of Education. The applicant/provider agrees that the course work will be current, relevant and appropriate for the professionals in the target audience.

2. The applicant/provider agrees that, if additional instructional staff members are selected, those persons will possess training, experience, or earned degrees comparable to staff identified in the application.

3. The applicant/provider agrees to issue a Certification of Completion form within 21 calendar days to each person completing the course work or training. The format of this document will follow the model form included in the application packet or an alternate design, provided that it includes the minimum required information on the model form. The applicant/provider agrees to assume the cost of reproducing this and any other training-related paperwork. The applicant/provider further agrees to assume the cost of postage, handling, or any other cost associated with mailing materials to the State Education Department.

4. The applicant/provider agrees to retain a copy of each Certification of Completion form, and copies of all program and promotional materials used for each course, for not less than six years from the date of completion of the course. These records are subject to review by the Department, and the applicant/provider agrees to make these records available to the Department or its designee during regular business hours at a specified location. The applicant/provider agrees to respond to any Department inquiry regarding these records and to notify the Department in advance of any location change of these records prior to the expiration of the six-year period.

5. The applicant/provider agrees that the Department may review and evaluate the course work or training offered, and that the termination of a provider's approved status may result if the Department determines that the course work or training is inadequate, incomplete, or otherwise unsatisfactory.

6. The applicant/provider agrees that failure to comply with this Agreement, or failure to substantiate the capability to offer the course work or training, or misrepresentation of requirements or status, may result in the termination of the Provider Agreement by the Department.

7. The applicant/provider agrees that the term of approval as a provider is six years. At the expiration of this term, a provider may reapply to the State Education Department for approval to continue to offer the course work. The applicant/provider further agrees that if course work or training is discontinued, all copies of certifications of completion issued within the six years prior to such discontinuance shall be transferred to the Department, and become property of the Department.

8. The applicant/provider agrees to submit with the Application for Approval as a Provider of Course work or Training in the Needs of Students with Autism and the Provider Agreement a fee of $600, payable to the New York State Education Department.
9. The applicant/provider will allow the Department to conduct site visits, as needed, and the provider/applicant will release any information requested by the Department, as a result of such site visit.

10. The applicant/provider agrees to comply with Subpart 57-3 of the Regulations of the Commissioner of Education, as follows:

SUBPART 57-3 Training in Autism

§ 57-3.1 Purpose.
The purpose of this Subpart is to set forth standards for approval and the approval process for providers of course work or training in the needs of students with autism that is offered to candidates for a teachers’ certificate or license in any of the following classroom teaching titles: students with disabilities in early childhood, childhood, middle childhood or adolescence; speech and language disabilities; deaf and hard of hearing; and blind and visually impaired and for school administrators, to the extent required by section 3004 of the Education Law.

§ 57-3.2 Definitions.
As used in this Subpart:
(a) course work or training means course work or training in the needs of students with autism.
(b) provider means any teachers’ or professional organization or association, school district, board of cooperative educational services, nonpublic school, institution of higher education, hospital, health care facility, government agency or office, social service agency, or any other organization that has as its purpose the provision of course work or training in the needs of students with autism, and that is approved by the department to offer such course work or training pursuant to section 3004 of the Education Law.

§ 57-3.3 Filing of application for approval as a provider.
(a) A person or organization seeking approval as a provider shall submit to the department, an application on forms prescribed by the commissioner, with a fee of $600.
(b) To be approved, each applicant shall submit evidence acceptable to the department that the applicant:
(1) has and will maintain adequate resources to offer the course work or training;
(2) has and will ensure that faculty and educational specialists who will offer the course work or training have demonstrated by training, earned degrees or experience, their competence to offer the course work or training. The faculty or educational specialists who offer such course work or training must hold at least a master’s degree; and have specialized training in autism or shall have demonstrated, in other widely recognized ways, their specialized knowledge in the area of autism, as determined by the department;
(3) certifies in writing that the course work or training will be conducted through use of a curriculum which, at a minimum, includes the syllabus prepared by the department; and
(4) certifies, in writing, that certification of completion forms obtained from the department will be issued to students upon completion of the course work or training for their use in documenting satisfaction of the requirement of course work or training in autism, as required under section 3004 of the Education Law.

§ 57-3.4 Term of approval as a provider.
(a) Providers shall be approved for a period of six years, except that the approved status of such providers may be terminated during this term by the department in accordance with section 57-3.6 of this Subpart.
(b) At the expiration of said term, the provider may reapply to the department for approval following the requirements of section 57-3.3 of this Subpart, including payment of the required fee.
§ 57-3.5 Responsibility of providers.
(a) Pursuant to the requirements of section 3004 of the Education Law, a provider, at a minimum, shall offer the syllabus prepared by the department. However, nothing in this section shall preclude providers from offering additional course work or training which exceeds, or expands upon, the three hour syllabus prescribed by the department.
(b) An approved provider of such course work or training shall execute a certification of completion of each person completing course work or training, and within 21 calendar days of the completion of course work or training, the provider shall submit the certification of completion to the person completing the course work or training for that person’s use in documenting such completion.
(c) The provider shall retain a copy of the certification of completion in the provider’s files for not less than six years from the date of completion of course work or training.
(d) In the event that an approved provider discontinues offering course work or training, all copies of certifications of completion issued within the six years prior to such discontinuance shall be transferred to the department.
(e) Course work or training shall be taught by instructors who have demonstrated by training, education and experience their competence to teach the course content prescribed in subdivision (a) of this section.

§ 57-3.6 Review of providers by the department.
(a) The department may review approved providers during the term of approval to ensure compliance with the requirements of this Subpart and may request information from a provider and may conduct site visits, pursuant to such review.
(b) A determination by the department that the services offered by a provider are inadequate, incomplete or otherwise unsatisfactory pursuant to the standards set forth in this Subpart shall result in the denial or termination of the approved status of the provider.

§ 57-3.7 Exemption.
An institution that offers a registered program leading to certification in any of the following classroom teaching titles: students with disabilities in early childhood, childhood, middle childhood or adolescence; speech and language disabilities; deaf and hard of hearing; and blind and visually impaired, pursuant to section 52.21 of this Title, shall be deemed approved, pursuant to this Subpart, for purposes of offering course work or training in autism within such program to students in the program.