
APPLICATION FOR RDI® PROGRAM CERTIFICATION

A complete application is one that includes the following documents:

- Completed Application Form, including applicant's signature
- Three references
- One recommendation letter that follows the outlined guidelines in this document
- Completed background check form
- Written Essays responding to questions on Application Form
- Videotaped Essays responding to questions on Application Form
- Non-refundable fee of \$50

Please send all documents to: Connections Center, Attn: Professional Training Coordinator, 4130 Bellaire Blvd Ste 210, Houston, Texas 77025

Name: _____

Mailing Address: _____

City/State or Province/Country/Zip: _____

Phone: _____ Email: _____

Driver's License Number: _____ State: _____

Birthdate: _____

List all colleges/universities attended.

College/University	Attendance Dates (MO/YR – MO/YR)	Major	Minor	Degree/Certificate	Completion Date (MO/YR)

List all your work experience.

Job Title	Setting and Major Duties	Dates (MO/YR – MO/YR)

List all your volunteer experience.

Organization	Volunteer Duties and Accomplishments	Dates (MO/YR–MO/YR)	# Hours / WK, MO, or YR

Written Essays Questions: On a separate sheet(s) of paper, type a concise essay for each question below. Please do not exceed more than one typed page per answer.

1. What Two-Day Introductory Workshop have you attended by Dr. Steve Gutstein? If you have not attended an Introductory Workshop, when did you view the RDI® Program DVD, “Going to the Heart of Autism?” What part of the workshop or DVD was the most insightful?
2. Do you have a dual role – are you a professional as well as a parent of a child on the Autism Spectrum? If applicable, what is your child’s age? If so, have you started an RDI® Program with him/her? Which consultant are you working with and how long have you been working with him/her?
3. **a.)** Describe your experience(s) working with children with autism. Include the setting, your role, the nature, and age of the children involved and then summarize your feelings about the experience(s).
b.) NOTE: If you do not have experience working with children with autism, answer the following question instead: Describe your experience(s) volunteering with children in general. Include the setting, your role, the nature and age of the children involved and then summarize your feelings about the experience(s).
4. As part of certification, you are required to work with two families who have a child formally diagnosed with an Autism Spectrum Disorder. Without including any identifying information about the families, please explain the family dynamics of both families you are thinking of using for supervision. Please note that while you must stay with the same families throughout supervision, you are not bound to use the specific families you describe here.

Video Essay Questions: Please videotape yourself answering the following questions. We only accept DVD footage, preferably in DIVX format.

Required:

Why have you decided to go through the RDI® Certification Program? Describe how you see RDI® Certification fitting into your current job or work setting. If you are not currently working, describe how you see yourself using your RDI® certification.

Choose One:

1. Describe the “autism culture” in your area and how you feel about it. How do you see yourself contributing to that culture?
2. Describe why you have chosen to work with individuals diagnosed with autism?

Professional References: These professionals should be able to endorse your ability to function as a professional in the Autism community. *If you are a parent of a child on the spectrum, your first reference must be from the RDI® Consultant who is currently working with your family.*

Reference's Name: _____

Profession/Title: _____

Relationship to Applicant: _____

Email Address: _____

Phone: _____

.....

Reference's Name: _____

Profession/Title: _____

Relationship to Applicant: _____

Email Address: _____

Phone: _____

.....

Reference's Name: _____

Profession/Title: _____

Relationship to Applicant: _____

Email Address: _____

Phone: _____

Has your license ever been suspended?

- Yes
- No

Have you been accused of improper conduct with child/teenager/adult or client in any setting?

- Yes
- No

Have you been fired or asked to resign employment for improper conduct of any nature?

- Yes
- No

NOTE: If you have answered yes to any of the above, please provide complete description and explanation of the nature and status of each complaint on the reverse side of this form.

I affirm that the information I have provided on this application form is complete, accurate, and true to the best of my knowledge. I understand that furnishing false information on any part of this application may result in removal of the certification program if accepted.

Signature

Date

Letter of Recommendation: This letter must be written by one of the applicant's references.

To the Person Completing this Form: The RDI® Certification Program Admission Committee finds candid evaluations helpful in choosing from among highly qualified candidates.

Please email the formal letter on your letterhead as an attachment to professionals@rdiconnect.com.

Letters of Recommendation must include the following:

1. Applicant's Name
2. Name of person writing letter
3. How long person has known applicant
4. Describe the applicant's strengths. Consider how these strengths will help him/her as a RDI® Consultant.
5. Describe the applicant's obstacles. Consider how these obstacles may impact the applicant's growth as an RDI® Consultant and how he/she may address them.

If the applicant is a parent of a child on the spectrum, this letter of recommendation must be from his/her RDI® Program Consultant. The consultant's letter must include the items above as well as the following:

- Verification that the applicant and spouse have mastered all parent objectives through stage 4 and are currently working on stage 5 of the parent objectives.
- Verification that the applicant and spouse have consistently met with him/her every two weeks over the last six months.
- Verification that the applicant and spouse have consistently submitted video clips to the consultant of their work with their child every two weeks over the last six months.



CONNECTIONS CENTER #6862
PRE-EMPLOYMENT DISCLOSURE & RELEASE

APPLICANT'S FULL NAME _____

Any Other Names Used _____

Social Security No. ____ / ____ / ____ Date of Birth _____

Current Address _____

City _____ State _____ Zip _____

Driver's License State _____ No. _____

Address: _____

Name of High School, College, University or Institution of Professional Training where you completed the highest level (o GED - provide state) _____

Campus Name _____ Campus City _____ Campus State _____

Name on GED or under which you graduated _____

Dates of Attendance and/or Graduation _____ Year(s) Attended _____

My present employer may be contacted for a job reference. Yes o No o Year Graduated/GED Completed _____

Have you ever been convicted of a crime? Yes o No o

Offense _____ County _____ State _____ When _____

Please provide all locations where you have resided for the past seven (7) years, starting with your current residency.

Table with 5 columns: City, State, Dates, From, To. Contains 4 rows of residential history.

Pursuant to the requirements of the Fair Credit Reporting Act, I acknowledge that a credit report, consumer report and/or employer, including contract for services. I understand that these investigative background inquiries may include credit, consumer, criminal, driving, prior employment and other reports.

I authorize, without reservation, any party or agency contacted by PreCheck, Inc. to furnish the information mentioned above. A photocopy of this authorization shall have the same effect as the original.

I understand the information obtained will be used as one basis for employment/contract for services or denial of employment/contract for services. I hereby discharge, release and indemnify the prospective employer, PreCheck, Inc., their agents, servants and employees, and all parties that rely on this release and/or the information obtained with this release from any and all liability and claims arising by reason of the use of this release and dissemination of information that is false and untrue if obtained from a third party without verification.

It is expressly understood that the information obtained through the use of this release will not be verified by PreCheck, Inc. The authorization granted herein shall be effective throughout the term of my employment.

I have read and understood the above information, and assert that all information provided by me is true and accurate.

Applicant's Signature _____ Date _____

Upon your written request within a reasonable period of time, the investigative agency compiling a report will make a complete and accurate disclosure of the nature and scope of the investigation. In addition, if you are denied employment, either wholly or partly because of information contained in a consumer report, a disclosure will be made to you of the name and address of the investigative agency making such a report.

The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. This information is for consumer report purposes only.

A "Consumer Report" may consist of employment records, educational verification, licensure verification, driving record, previous address and Public records relative to criminal charges.

An "Investigative Consumer Report" means a consumer report or portion thereof in which information on a consumer's character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with persons having knowledge.

800.999.9861
713.861.5959
info@precheck.com
www.precheck.com

www.rdicconnect.com Phone: 713.838.1362 Fax: 713.838.1447

Payment Information and Inventory Listing

There is a \$50 USD non-refundable processing fee to apply to the Professional Certification Program regardless of acceptance.

Payment must accompany the application. Applications without the processing fee will not be reviewed. We do not accept payment from third parties/agencies/organizations unless you own the company. This form **MUST** accompany your application.

Payment is only accepted via credit card. We do not accept checks.

Name on Card: _____

Number: _____ Exp. Date: _____

Type of card (circle one): Visa MasterCard Discover AmEx

Have you included?

- Completed Application
- Three References
- Letter of Recommendation
- Completed Background Check form
- Written Essay Answers
- Videotaped Essay Answers
- Payment Information

If any of these is missing, we will not be able to process your application.