

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 (required for USA/Canadian residents only)
- 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. Have you attended an Introductory Workshop by Dr. Steve Gutstein? If you have not attended an Introductory Workshop, have you read *The RDI® Book*? What part of the workshop or of *The RDI® Book* was the most insightful? If you have not been to a workshop or have read *The RDI® Book*, please leave this question blank (If you are selected to participate in the Certification Program, you will have to read *The RDI® Book* before attending training).
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.

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.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout term of my employment, contract or privileges, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888) PreCheck [1-888-773-2432] another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

STATE LAW NOTICES

Minnesota or Oklahoma applicants or employees only: Please mark an X in the designated field if you would like to receive a free copy of a consumer report if one is obtained by the Company. The report will be mailed to the current address you indicated on this form. _____

California applicants or employees only: Please mark the following field if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. The report will be mailed to the current address indicated above. _____

California applicants or employees only: By marking an X in the designated field, you will receive and are acknowledging receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. _____

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Client by directly contacting PreCheck Inc. Additionally, please mark this field to receive and acknowledge receipt of a copy of Article 23-A of New York Correction Law. _____

Maine applicants or employees only: Under Chapter 210 Section 1314 of Maine Revised Statutes, you have the right, upon request, to be informed within 5 business days of such request of whether or not an investigative consumer report was requested. If such report was obtained, you may contact the Consumer Reporting Agency and request a copy.

Massachusetts applicants or employees only: If you ask, you have the right to a copy of any background check report concerning you that the Company has ordered. You may contact the Consumer Reporting Agency for a Copy.

Washington State applicants or employees only: You have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation we requested. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

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

Signature _____ Date _____