



# Franklin County Board of Developmental Disabilities

Previously Franklin County MRDD — Established 1967 — Same Agency — Just A New Name!

2879 Johnstown Road • Columbus, Ohio 43219 • 614-475-6440 • www.fcbdd.org

Jed W. Morison  
Superintendent

## 2019 ANNUAL REQUIREMENT TRAINING REGISTRATION FOR:

**4-Hours = “Self Advocacy/Determination...(Pos. Interv.)” + “Supplemental” CEU Topic\***  
Presented by Dynamic Pathways - Sponsored by “I Am Boundless-PDP”

→ All sessions will be held at the Franklin County Board of DD Administration Building, address above.

Due to high demand, please indicate your 1<sup>st</sup> and 2<sup>nd</sup> choices for the session you are requesting to attend.  
*Agency staff: please verify your expiration date with your employer (PDP staff employer = “I Am Boundless-PDP”)*

_____	<b>Tuesday, January 15<sup>th</sup></b>	<b>5:00 – 9:00 PM</b>	<i>*Includes “Understanding Autism”</i>
_____	<b>Thursday, February 7<sup>th</sup></b>	<b>9:00 AM – 1:00 PM</b>	<i>*Includes “Sexuality and DD”</i>
_____	<b>Thursday, February 21<sup>st</sup></b>	<b>10:00 AM – 2:00 PM</b>	<i>*Includes “Sexuality and DD”</i>
_____	<b>Monday, March 4<sup>th</sup></b>	<b>9:00 AM – 1:00 PM</b>	<i>*Includes “Behavior Support Help”</i>
_____	<b>Wednesday, March 20<sup>th</sup></b>	<b>5:00 – 9:00 PM</b>	<i>*Includes “Behavior Support Help”</i>
_____	<b>Monday, April 1<sup>st</sup></b>	<b>1:30 – 5:30 PM</b>	<i>*Includes “Understanding Autism”</i>
_____	<b>Monday, April 15<sup>th</sup></b>	<b>5:00 – 9:00 PM</b>	<i>*Includes “Understanding Autism”</i>
_____	<b>Tuesday, May 7<sup>th</sup></b>	<b>9:00 AM – 1:00 PM</b>	<i>*Includes “Sexuality and DD”</i>
_____	<b>Monday, May 20<sup>th</sup></b>	<b>10:00 AM – 2:00 PM</b>	<i>*Includes “Sexuality and DD”</i>
_____	<b>Thursday, June 6<sup>th</sup></b>	<b>1:30 – 5:30 PM</b>	<i>*Includes “Behavior Support Help”</i>
_____	<b>Wednesday, June 19<sup>th</sup></b>	<b>5:00 – 9:00 PM</b>	<i>*Includes “Behavior Support Help”</i>

→ **Please ensure attendance once confirmed and report cancellations in advance.**

Please mail your completed form to *Provider Relations* at the address above,  
email to [provider.relations@fcbdd.org](mailto:provider.relations@fcbdd.org), or fax to (614) 342-5004.

→ **Registrations should reach our office at least ONE WEEK prior to the desired session.**

To register following the deadline, call in or email far enough in advance to receive a response as to space availability.  
Registrants will receive an email confirming their reservation in the session requested or notified the class is full.

→ **Note to DODD Agency Providers: Preferred Limit = 2 trainees per session, space permitting**

TRAINEE NAME: \_\_\_\_\_

STATUS?: Individual provider ( ) Agency staff: ( )....Agency name: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Email (print clearly): \_\_\_\_\_ PHONE #: \_\_\_\_\_

→ Name of Individual/Family being served (if applicable): \_\_\_\_\_



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_____	<b>Monday, July 1<sup>st</sup></b>	<b>12:00 – 4:00 PM</b>	*Includes “Understanding Autism”
_____	<b>Thursday, July 25<sup>th</sup></b>	<b>5:00 – 9:00 PM</b>	*Includes “Understanding Autism”
_____	<b>Tuesday, August 6<sup>th</sup></b>	<b>9:00 AM – 1:00 PM</b>	*Includes “Sexuality and DD”
_____	<b>Tuesday, August 20<sup>th</sup></b>	<b>5:00 – 9:00 PM</b>	*Includes “Sexuality and DD”
_____	<b>Thursday, September 5<sup>th</sup></b>	<b>9:00 AM – 1:00 PM</b>	*Includes “Behavior Support Help”
_____	<b>Wednesday, September 18<sup>th</sup></b>	<b>10:00 AM – 2:00 PM</b>	*Includes “Behavior Support Help”
_____	<b>Tuesday, October 1<sup>st</sup></b>	<b>1:30 – 5:30 PM</b>	*Includes “Understanding Autism”
_____	<b>Wednesday, October 16<sup>th</sup></b>	<b>5:00 – 9:00 PM</b>	*Includes “Understanding Autism”
_____	<b>Monday, October 28<sup>th</sup></b>	<b>9:00 AM – 1:00 PM</b>	*Includes “Understanding Autism”
_____	<b>Thursday, November 14<sup>th</sup></b>	<b>5:00 – 9:00 PM</b>	*Includes “Sexuality and DD”
_____	<b>Thursday, December 5<sup>th</sup></b>	<b>9:00 AM – 1:00 PM</b>	*Includes “Behavior Support Help”
_____	<b>Tuesday, December 17<sup>th</sup></b>	<b>5:00 – 9:00 PM</b>	*Includes “Behavior Support Help”

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TRAINEE NAME: \_\_\_\_\_

STATUS?: Individual provider (  ) Agency staff: (  )...Agency name: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Email (print clearly): \_\_\_\_\_ PHONE #: \_\_\_\_\_

→ Name of Individual/Family being served (if applicable): \_\_\_\_\_