



Franklin County Board of Developmental Disabilities

Helping people to live, learn and work in our community

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

Jed W. Morison
Superintendent/CEO

2021 ANNUAL REQUIREMENTS TRAINING REGISTRATION FOR:

“MUI/UI/Rights...” & “Self Advocacy...” + “Supplemental” CEU Topics*

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.

NOTE: For the time being we still need to limit the in-person training roster to allow for proper spacing in the classroom. In turn, we will mainly fill the seats on a “first-come-first serve” basis, while taking into consideration the trainee’s needs to maintain compliance. In addition, we will include the full set of instructions for arrival, check-in, etc., in the confirmation email once registered for an in-person course, as those may evolve over time.

→ Please indicate, in the space provided, your first and second choices, per the notation above. Thank you!

_____ “MUI...” = Tues., April 20 th	9:00 AM – 1:00 PM	*Includes “Caregiver Stress Relief”
_____ ”SA-PC...” = Tues., April 20 th	1:30 – 5:30 PM	*Includes “Understanding Autism”
_____ “MUI...” = Thurs., May 20 th	10:00 AM – 2:00 PM	*Includes “Caregiver Stress Relief”
_____ ”SA-PC...” = Fri., May 21 st	10:00 AM – 2:00 PM	*Includes “Understanding Autism”
_____ “MUI...” = Mon., June 14 th	5:00 – 9:00 PM	*Includes “Trauma Informed Care”
_____ ”SA-PC...” = Tues., June 15 th	5:00 – 9:00 PM	*Includes “Behavior Support Basics”

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

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

Registrations should reach our office ONE WEEK prior to the desired session, WHENEVER POSSIBLE.

To register after the above deadline, please call 614-342-5762, in advance, to verify space is available.

Registrants will receive an email notice confirming their reservation for the session requested.

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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_____ “MUI...” = Tues., July 13th	5:00 – 9:00 PM	*Includes “Caregiver Stress Relief”
_____ ”SA-PC...” = Wed., July 14th	5:00 – 9:00 PM	*Includes “Understanding Autism”
_____ ”SA-PC...” = Mon., August 9th	10:00 AM – 2:00 PM	*Includes “Trauma Informed Care”
_____ “MUI...” = Tues., August 10th	10:00 AM – 2:00 PM	*Includes “Comm. & Sensory Int.”
_____ ”SA-PC...” = Fri., Sept. 10th	9:00 AM – 1:00 PM	*Includes “Behavior Support Basics”
_____ “MUI...” = Fri., Sept. 10th	1:30 – 5:30 PM	*Includes “Ethics vs Rights”
_____ ”SA-PC...” = Wed., October 20th	11:00 AM – 3:00 PM	*Includes “Understanding Autism”
_____ “MUI...” = Wed., October 20th	3:30 – 7:30 PM	*Includes “Caregiver Stress Relief”

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_____ ”SA-PC...” = Fri., November 5th	9:00 AM – 1:00 PM	*Includes “Trauma Informed Care”
_____ “MUI...” = Fri., November 5th	1:30 – 5:30 PM	*Includes “Comm. & Sensory Int.”
_____ ”SA-PC...” = Wed., November 17th	5:00 – 9:00 PM	*Includes “Trauma Informed Care”
_____ “MUI...” = Th., November 18th	5:00 – 9:00 PM	*Includes “Comm. & Sensory Int.”
_____ “MUI...” = Wed., December 8th	10:00 AM – 2:00 PM	*Includes “Ethics vs Rights”
_____ ”SA-PC...” = Th., December 9th	10:00 AM – 2:00 PM	*Includes “Behavior Support Basics”
_____ ”SA-PC...” = Tues., December 21st	9:00 AM – 1:00 PM	*Includes “Behavior Support Basics”
_____ “MUI...” = Tues., December 21st	1:30 – 5:30 PM	*Includes “Ethics vs Rights”

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