

## Application for College/University Course Approval

Before completing this form, please read instructions on reverse side. Please type or print form.

### College/University and Applicant Information:

Name of College/University: \_\_\_\_\_

Name of Individual Applying for Approval: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Applicant's Title/Position: \_\_\_\_\_

Applicant's Business Address: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

### Course Information:

Course Number: \_\_\_\_\_ Course Status:  Ongoing  One Time Only

Course Title: \_\_\_\_\_

Course Level:  Undergraduate  Graduate Course Credit Hours: \_\_\_\_\_  Quarter  Semester

### Course Category: (Check one.)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Assessment and Evaluation                                      | <input type="checkbox"/> Information Management                           | <input type="checkbox"/> Principles of Habilitation Programming             |
| <input type="checkbox"/> Budgeting/Finance  | <input type="checkbox"/> Intervention Program Planning and Development    | <input type="checkbox"/> Principles of Leadership/Supervision               |
| <input type="checkbox"/> Business, Health Care, Public, or Social Agency Administration | <input type="checkbox"/> Interviewing and Counseling Techniques           | <input type="checkbox"/> Principles of Self-Determination                   |
| <input type="checkbox"/> Civil and Criminal Investigatory Practices                     | <input type="checkbox"/> Introduction to Developmental Disabilities       | <input type="checkbox"/> Principles of Work                                 |
| <input type="checkbox"/> Disabilities and Risk Factors From Birth                       | <input type="checkbox"/> Marketing/Public Relations                       | <input type="checkbox"/> Public or Administrative Law                       |
| <input type="checkbox"/> Family Dynamics From Birth                                     | <input type="checkbox"/> Negotiation, Conflict Resolution, and Mediation  | <input type="checkbox"/> Statistical Analysis                               |
| <input type="checkbox"/> Health and Safety Issues Affecting Individuals with DD         | <input type="checkbox"/> Organizational Theory and Development            | <input type="checkbox"/> Strategic Planning, Management, and Implementation |
| <input type="checkbox"/> Human Resources Management                                     | <input type="checkbox"/> Principles of Behavior Support                   | <input type="checkbox"/> Team Models and Community Collaboration            |
| <input type="checkbox"/> Individual Program Development                                 | <input type="checkbox"/> Principles of Community Supports and Integration |   |
| <input type="checkbox"/> Infant/Toddler Growth and Development                          | <input type="checkbox"/> Principles of Group Facilitation                 |   |

### Approval/Disapproval: (For DODD use only)

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved:	<input type="radio"/> Inappropriate/Inadequate Content	<input type="radio"/> Insufficient Credit Hours
	<input type="radio"/> Syllabus Not Provided	<input type="radio"/> Other (See "Comments" on reverse side.)

\_\_\_\_\_  
Signature of Content Reviewer

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Application Processor

\_\_\_\_\_  
Date Signed

## Application for College/University Course Approval

### Instructions:

1. This application must be completed and submitted by colleges and universities to recommend a course as meeting the requirements for registration and certification issued by the Ohio Department of Developmental Disabilities (DODD).
2. The college/university course requirements are delineated in Sections 5123:2-5-01 (Adult Services Registration and Certification Standards), 5123:2-5-05 (Early Intervention Registration and Certification Standards), 5123:2-5-07 (Investigative Agent Certification Standards), 5123:2-5-02 (Service and Support Administration Registration and Certification Standards), and 5123:2-5-03 (Superintendent and Assistant Superintendent Certification Standards) of the *Ohio Administrative Code*.
3. In accordance with the *Ohio Administrative Code*, a course must be a minimum of two semester hours or three quarter hours to be considered for approval.
4. A syllabus that identifies topics, timelines, and objectives of the course must be submitted with this form.
5. Failure to properly complete this form or to include supporting documents will result in processing delay.
6. A copy of this form will be returned to the applicant with approval/disapproval noted.
7. Call the Office of Certification at **1-800-617-6733**, if you need assistance completing this form.
8. Email this completed form and supporting documents to [provider.certification@dodd.ohio.gov](mailto:provider.certification@dodd.ohio.gov) or fax to **614-728-7836**.

### Comments:

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