Ohio | Department of Developmental Disabilities

# 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.)

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

## Approval/Disapproval: (For ODDD use only.)

☐ Approved ☐ Disapproved:

- ☐ Inappropriate/Inadequate Content
- ☐ Syllabus Not Provided
- ☐ Insufficient Credit Hours
- ☐ Other (See "Comments" on reverse side.)

**(Please turn over.)**

Ohio | Department of Developmental Disabilities

# Application for College/University Course Approval

| | |
|---|---|
| Signature of Content Reviewer | Date Signed |
| Signature of Application Processor | Date Signed |

**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 (ODDD).

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 **(614) 644-5503**, if you need assistance to complete this form.

8. Mail this completed form and supporting documents to:

**Ohio Department of Developmental Disabilities**
**Medicaid Development Administration**
**Office of Certification Services**
**30 East Broad Street, 13th Floor**
**Columbus, Ohio 43215-2541**
Provider.Certification@dodd.ohio.gov

**Comments:**

_____
_____
_____
_____
_____
_____
_____
_____