

Autism Diagnostic Interview – Revised (ADI-R)
Advanced / Research Workshop Application
June 6th & June 7th, 2016

Center for Autism and the
Developing Brain (CADB)
21 Bloomingdale Road
White Plains, NY 10605
Training Phone: (914) 997-5531
Training Fax: (914) 997-4398
autismtraining@nyp.org

Location: Center for Autism and the Developing Brain, 21 Bloomingdale Road, White Plains, New York 10605

Fee: \$2,750 USD for the complete course. This fee includes training DVDs, and a continental breakfast and lunch each day. It also includes scoring of one post course ADI-R administration by trainee as long as the submission is within three months of end of workshop.

Payment and Refund Policy: Payments are made after confirmation of workshop acceptance has been emailed. We accept check or credit card USD. A refund will be sent to those who cancel 30 days after their payment was received.

Required Materials: It is recommended that trainees bring an ADI-R manual to the workshop. You can purchase manuals online through WPS at www.wpspublish.com.

Workshop Preparation:

ADI-R training is an intensive 2 day workshop. Once attendance is confirmed, it is important that you are prepared. At a minimum you must have read the manual and observed and/or administered several ADI-R's so that you are prepared to administer and code an entire ADI-R.

You will need to make a DVD of yourself administering an ADI-R that you will bring to the training so we may review it and provide you with feedback. This pre-course step applies toward achieving reliability and in turn, also prepares you for your post course reliability tape submission.

As part of the workshop you will watch a demonstration of the ADI-R, practice administering portions of the ADI-R with parent volunteer, review codes, and discuss specific administration and scoring issues. If you want to establish your reliability on the ADI-R for research purposes, the first step is attending this workshop.

**Please note that enrollment is subject to space availability.
Completing an application does not guarantee admission.**

Name:

Day Phone:

Degree/Title:

Fax:

Institution:

Address:

Profession:

City, State, Zip:

Email:

Country:

How did you hear about this workshop?

How will you be using the ADI-R in your work?

Briefly describe your training and/or experience working with individuals with ASD.

List any federally funded or pending research grants (NIMH, NIH) or foundation grants (CAN, NAA, ASA).

International or other applicants interested in using a translated version of the ADI-R:

Please check with WPS to find publishers in your country or to obtain an authorized research translation in your language, www.wpspublish.com. For further assistance or to initiate a translation, please contact WPS Rights & Permissions at rights@wpspublish.com.

Primary language spoken during your ADI-R administrations:

To submit your Application and CV or Resume

Submit by Email: Send your application and CV or resume to Marcella Bello at mab9254@med.cornell.edu.

Submit by Fax: Fax your application and CV or resume to (914) 997-4398