

Autism Diagnostic Observation Schedule
2nd Edition (ADOS-2) Advanced / Research
Workshop Application
October 26, 2017 – October 28, 2017
Thursday – Saturday / 2.5 Days

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

The ADOS-2 Advanced/Research workshop is designed for people who have already been exposed to and have used the ADOS or the ADOS-2. During this workshop we will observe you administering parts of the ADOS-2 with a volunteer with ASD. You will participate in coding discussions after your administrations.

Prerequisites: You must have attended an introductory ADOS or ADOS-2 Training for Clinicians through CADB, UMACC, WPS or an Independent Trainer (see Independent Trainer list on informational page in menu)

Expectations: Prior to training, it is expected that you have access to a WPS ADOS kit and manual and have practiced administration of all five modules of the ADOS-2. To purchase kits or manuals contact WPS at 800-648-8857 or at www.wpspublish.com.

Fee: \$2,750 for the 2.5 day course. This fee includes post course reliability scoring if submitted within three months of training date, two Advanced/Research ADOS -2 administration DVDs with scored protocols, as well as a continental breakfast each day and lunch each full day.

Payment and Refund Policy: Payments are made after you've been accepted into the Advanced/Research Training. 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: You must bring to the workshop, two DVDs of yourself administering two different modules of the ADOS-2 for administration feedback. It is recommended that you bring an ADOS-2 manual to the workshop. ADOS-2 Kits are not required for this workshop.

Please note that enrollment is subject to space availability. Completing an application does not guarantee acceptance. Please submit this application with your CV or resume

Name:

Day Phone:

Degree/Title:

Fax:

Institution:

Address:

Profession:

City, State, Zip:

Email:

Country:



Check Box

I have attended an ADOS or ADOS-2 Clinical / Introductory training:

Please list the individual/organization who conducted the training, the location and the date(s) of the training.

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

Please indicate how you intend to use the ADOS-2 (e.g. list grants, other research, clinical use).

International or other applicants interested in using a translated version of the ADOS:

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 ADOS 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