

# New York-Presbyterian Center for Autism and the Developing Brain

Autism Diagnostic Observation Schedule  
2<sup>nd</sup> Edition (ADOS-2) Advanced / Research  
Workshop Application  
October 25, 2018 – October 27, 2018  
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](mailto: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](http://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](http://www.wpspublish.com). For further assistance or to initiate a translation, please contact WPS Rights & Permissions at [rights@wpspublish.com](mailto: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](mailto:mab9254@med.cornell.edu).

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