

Autism Diagnostic Observation Schedule  
2<sup>nd</sup> Edition (ADOS-2) Toddler Module Introductory/  
Clinical Workshop Application  
April 24, 2019  
8:30am – 5:00pm

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 Toddler Module Introductory/Clinical training includes lectures, videos, demonstrations of administration and scoring, and discussions. This workshop is designed for researchers and clinicians with prior background in autism spectrum disorders and formal testing. Use of the Toddler Module is relevant for professionals who work with children ages 12-30 months. **All trainees are expected to have prior training in Modules 1 - 4 of the ADOS / ADOS-2** (i.e. attendance at an ADOS or ADOS-2 clinical and/or research workshop).

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

**Fee:** \$350 USD for the course and includes lunch.

**Pre-course Packet:** Participants will receive a pre-course email with information about the workshop and accommodations, as well as instructions on how to prepare for training.

**Payment and Refund Policy:** Payments are made after you've been accepted into the Toddler Clinical Training. We accept check, or credit card USD. A refund will be sent to those who cancel 15 days after their payment was received.

**Required Materials:** 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:	<input type="text"/>	Day Phone:	<input type="text"/>
Degree/Title:	<input type="text"/>	Fax:	<input type="text"/>
Institution:	<input type="text"/>	Address:	<input type="text"/>
Profession:	<input type="text"/>	City, State, Zip:	<input type="text"/>
Email:	<input type="text"/>	Country:	<input type="text"/>

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**To submit your Application and CV or Resume**

**Submit by Email:** Send your application and CV or resume to Marcella Sanchez at [mab9254@med.cornell.edu](mailto:mab9254@med.cornell.edu).