

 **Advocate Health Care**  
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***ADOS-2 Training for Clinicians/  
ADOS-2 Research Training  
Application Form***

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**Which training are you applying for? (please circle one)**  
**Clinical (date)\_\_\_\_\_ Research          Booster**

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**Name:**

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**Gender:**

**M**\_\_\_\_\_

**F**\_\_\_\_\_

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**Degree:**

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**Employer:**

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**Position:**

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**Address you would like information sent to:**

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**City:**

**State:**

**Zip Code:**

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**Business Phone:**

**Home Phone:**

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**Fax Number:**

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**E-mail:**

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How did you hear about this training?

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How will you be using the ADOS-2?

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Please describe your training and/or experience working with individuals with autism.

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**Please attach a copy of your vitae with this application.**