

# Application for Habilitative Intervention Certificate of Completion

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Degree (include copy of diploma): \_\_\_\_\_

**Please refer to the Competency Coursework Guidelines. Documentation must include all of the required information in order to process your application. *Incomplete applications will be returned.* Check the box if applying for ages over 3 or Birth to 3. If you would like to apply for both please complete both sections and include documentation for each section.**

I am applying for Certificate of Completion for children over 3 years of age.

To obtain a Certificate of Completion you must submit all supporting documentation listed in the checklist.

I have a Degree in ABA       I am Currently certified BCBA or BCaBA (copy of certificate must be included)

OR:

I have at least a bachelor's degree in human service field from an accredited college or university

**Resume provided** documenting at least one (1) year (Day/Month/Year) part time, supervised experience working specifically with children with developmental disabilities

**Diploma provided**

**Transcripts provided identifying courses**

**Required competency coursework: Course must be listed to be considered:**

### Applied Behavioral Analysis

- Program is accredited
- Transcript provided
- Course description/syllabus provided

### Child Development

- Program is accredited
- Transcript provided
- Course description/syllabus provided

### Learning

- Program is accredited
- Transcript provided
- Course description/syllabus provided

Course that applies: \_\_\_\_\_

Course that applies: \_\_\_\_\_

Course that applies: \_\_\_\_\_

Make my name and contact information available to Support Brokers to provide services under Family Direction.

Yes     No

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I am applying for Certificate of Completion for children Birth to 3 years of age.

To obtain a Certificate of Completion you must submit all supporting documentation listed in the checklist.

**Diploma provided**

**Transcripts provided identifying course**

**Course descriptions & syllabus**

**Resume provided**

240 hours professionally supervised experience with young children who have a developmental delay (recommend documenting in resume) and include the following:

- Agency/Organization
- Title
- Dates
- Age group of children

- Supervisor
- Place/Location
- Role
- Number of hours

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**AND**

- Elementary education or special education certificate with an endorsement in early childhood special education
- Copy of Certificate Provided**

**OR**

- Blended early childhood / early childhood special education (EC/ECSE) certificate
- Copy of Certificate Provided**

**OR**

Bachelor's or Master's degree in Special Education, Elementary Education, Speech-Language Pathology, Early Childhood Education, Physical Therapy, Occupational Therapy, Psychology, Social Work, or Nursing **PLUS** a minimum of 24 semester credits at the 200 level or higher in EC/ECSE that must cover the following standards in their content:

- Promotion of development and learning from **children birth to three years of age**;
  - List course(s) that apply:** \_\_\_\_\_
  - Program is accredited
  - Transcript provided
  - Course description/syllabus provided
- Assessment and observation methods for developmentally appropriate assessment of **young children**;
  - List course(s) that apply:** \_\_\_\_\_
  - Program is accredited
  - Transcript provided
  - Course description/syllabus provided
- Building family and community relationships to support **early intervention**;
  - List course(s) that apply:** \_\_\_\_\_
  - Program is accredited
  - Transcript provided
  - Course description/syllabus provided
- Development of appropriate curriculum for **young children**, including IFSP and IEP development;
  - List course(s) that apply:** \_\_\_\_\_
  - Program is accredited
  - Transcript provided
  - Course description/syllabus provided
- Implementation of instructional and developmentally effective approaches for **early learning**, including strategies for children who are medically fragile and their families;
  - List course(s) that apply:** \_\_\_\_\_
  - Program is accredited
  - Transcript provided
  - Course description/syllabus provided
- Demonstration of knowledge of policies and procedures in special education and **early intervention** and demonstration of knowledge of exceptionalities in children's development.
  - List course(s) that apply:** \_\_\_\_\_
  - Program is accredited
  - Transcript provided
  - Course description/syllabus provided

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Submit the application to FACS DD:

**\*Preferred\* Scan and Email to:** [facsddco@dhw.idaho.gov](mailto:facsddco@dhw.idaho.gov); or

Mail to: Idaho DHW, FACS DD, 450 W. State St. 5<sup>th</sup> Floor, Boise, ID 83720-0036; or

Fax to: (208) 332-7331