



## **AUTISM SPECTRUM DISORDER OVERALL CERTIFICATE FORM**

**Submit this form in person or by mail to:** UT Arlington Continuing Education 140 W. Mitchell, Arlington, TX 76019 M: 817-272-2581 [cedregistration@uta.edu](mailto:cedregistration@uta.edu)

**Status of Processing:** Certificate request forms will be processed within ten business days of receipt. If you do not receive a receipt of confirmation within this time frame, contact our office at 817-272-2581. All certificates will be sent via email and shipped via USPS.

**Application Information:** Students must complete all program requirements prior to submitting this application. Students will be provided with both a paper and a PDF copy of the certificate of completion.

### **STUDENT INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### **CERTIFICATE REQUIREMENTS (5 Courses)**

\_\_\_\_\_ Introduction to Autism Spectrum Disorder

\_\_\_\_\_ Ethics and Culture Issues in Treatment

\_\_\_\_\_ Alternative Communication Techniques

\_\_\_\_\_ Developing the Support Network for Special Needs Providers

\_\_\_\_\_ Portfolio: Techniques for Socializing Individuals with ASD and/or Special Needs



**FEE & PAYMENT**

Item	Price
Application Fee: Includes paper and PDF certificate	\$50.00

Charge To:

\_\_\_\_\_ Visa    \_\_\_\_\_ Master Card    \_\_\_\_\_ Discover    \_\_\_\_\_ American Express

Card Number: \_\_\_\_\_

Expiration: \_\_\_\_\_

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

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Processed	Date	Completed By
Received		
Payment Received		
Reviewed		
Mediation Practicum Records Received		
Certificate Emailed		
Certificate Mailed		

Notes: