As a Member of the Region 1 DD Training Co-Op, **Access Ability, LLC presents:**

## Oregon Intervention System(OIS): General Level G

## Training and Certification by John Mushlitz, MAEd

*OIS is an intensive training/certification program & process for implementing Positive Behavior Support & safe intervention when addressing challenging behavior. This 2-day* ***OIS-G*** *class focuses on supports for adults & children with intellectual or developmental disabilities in the home or community.*

Dates: **Wednesday, March 14th and Thursday, March 15th, 2018**

Time: **9:00 am to 5:00 pm** (check-in begins at 8:30 am) *Please Note: Your certificate will reflect the actual hours of training, there is a 1-hour lunch break and class generally adjourns before 5pm.*

Location: **Fairvew Masonic Lodge, 202 SE Dora Street, Troutdale, Oregon 97060**

Cost: **$100/person\* due in advance** *\*This OIS class cost is the same for members and non-members. Family members or foster care providers/parents of individuals in DD services, and staff/affiliates of all Co-Op member agencies in the 5 counties of Region 1 will be given* ***registration preference*** *for available space in class.*

Please note:

* *Participants must wear comfortable clothing and closed-toe shoes to allow for full participation in physical practice activities. Please do not wear open-toed or high heel shoes or sandals, short skirts or clothing that will restrict your physical practice of techniques.*
* Completion certificates distributed at end of class only to those who attend all required hours.
* **Refunds will be awarded only if class is cancelled by the host agency or if registrants cancel by email at least 10 days prior to class.**

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**REGISTRATION FORM:** ***PLEASE PRINT CLEARLY! PHONE NUMBER & EMAIL REQUIRED!***

To register please complete this form and mail with check or money order payable to **Access Ability, LLC** to:

***Access Ability, 3142 NE 45th Avenue, Portland, OR 97213***

***OIS-G registration***

***March 14th and 15th 2018***

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Participant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Amount Enclosed: $\_\_\_\_\_ DD Foster Home? Yes/No Adults? Yes/No Child/Youth? Yes/No

Agency or Provider Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_