

How did you hear about WEST's Autism Technician Program? (Check all that apply)

- Through a friend/another autism tech
- Through a graduate from our program
- Allied Health Office

- WEST Autism tech brochure
- High School Counselor/Career Day
- Advertisement (movie, newspaper, etc.)
- Website

Other _____

Indicate any experiences that would demonstrate your ability to work with individuals diagnosed with autism spectrum?

Indicate any experiences that would demonstrate your ability to work effectively with children?

Financial Aid:

Requested financial aid YES NO

Receiving financial aid YES NO

CHECKLIST

The following checklist was designed to assist you in the application process. Please follow it very carefully. **Early application is advisable as class is limited. Completed application packet must be submitted by the first week of class. Please check the items below that you have included and/or review the information as stated with this application.**

1) Submit an *online* Application to WEST and apply for Financial Aid

- Complete a new application to the college for admission if you are not a current student at WEST. Visit www.wlac.edu and click "Apply" in the upper left-hand corner of the page.
- Apply to Financial Aid (<http://www.wlac.edu/Financial-Aid/index.aspx>)

2) Register online for AH 25 – Qualified Autism Service Paraprofessional

3) Complete Live Scan background check using attached form

4) Obtain negative TB test result - available through WLAC Student Health Center

5) Purchase Textbook and Online Learning Access Code - available in WLAC Bookstore

Granpeesheh, D., Tarbox, J., Najdowski, A., & Kornack, J. (2014). *Evidence-Based Autism Treatment for Children with Autism: The CARD Model*. New York, NY: Elsevier. ISBN: 978-0-12-411603-0

6) Submit Autism Tech Program Application Packet to Health Sciences Division (MSB 100)

Packet must include:

- Completed paper program application
- A copy of unofficial transcripts AND/OR Assessment Placement Report to your program application. *Documentation must show college level course work in **Math 105** and **English 20A** or **ESL 6** with a grade of "C" or better OR completion of the college **assessment examination** offered in the Student Assessment Center*
- Completed Live Scan form
- Copy of driver's license or current student ID
- Copy of negative TB test

Student Eligibility and Requirements

- Desire to work with children with special needs
- High School Diploma or GED
- 18 years of age and social security card (for employment)
- Abide by dress code and professionalism requirements during internship
- College level course work in Math 105 and English 20A or ESL 6 with a grade of "C" or better OR completion of the college assessment examination offered in the Student Assessment Center
- Ability to travel to the local practicum site

Additional Program Cost - It is recommended that you apply for financial aid early

Additional costs of enrollment (on top of tuition, parking, health fees, etc.) include but are not limited to:

- Book (Est. \$120)
- TB Test (\$0 at Student Health Center for enrolled students with payment of health fee--price may vary elsewhere)
- Livescan (Est. \$60)



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AC433 _____ Volunteer _____
 ORI (Code assigned by DOJ) _____ Authorized Applicant Type _____
 Volunteer _____
 Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned) _____

Contributing Agency Information:

Center for Autism & Related Disorders, Inc. _____ 02364 _____
 Agency Authorized to Receive Criminal Record Information _____ Mail Code (five-digit code assigned by DOJ) _____
 21600 Oxnard Street _____ Stephany H. Morris-Nelson _____
 Street Address or P.O. Box _____ Contact Name (mandatory for all school submissions) _____
 Woodland Hills _____ CA 91367 _____ (818) 345-2345 _____
 City _____ State ZIP Code _____ Contact Telephone Number _____

Applicant Information:

Last Name _____ First Name _____ Middle Initial _____ Suffix _____
 Other Name _____ First _____ Suffix _____
 (AKA or Alias) Last _____
 Date of Birth _____ Sex Male Female _____
 Height _____ Weight _____ Eye Color _____ Hair Color _____
 Place of Birth (State or Country) _____ Social Security Number _____
 Home Address _____
 Street Address or P.O. Box _____
 City _____ State _____ ZIP Code _____

Your Number: _____ Level of Service: DOJ FBI
OCA Number (Agency Identifying Number)

If re-submission, list original ATI number: _____
 (Must provide proof of rejection) Original ATI Number _____

Employer (Additional response for agencies specified by statute):

Employer Name _____ Mail Code (five digit code assigned by DOJ) _____
 Street Address or P.O. Box _____
 City _____ State _____ ZIP Code _____ Telephone Number (optional) _____

Live Scan Transaction Completed By:

Name of Operator _____ Date _____
 Transmitting Agency _____ LSID _____ ATI Number _____ Amount Collected/Billed _____