Pennsylvania Early Intervention (EI) PA Nurse Family Partnership (NFP)

**PA Autism Navigator – Enrollment Agreement**

***Instructions:*** *Please read all agreements below. If you agree to these terms, check the boxes. All agreements must be affirmed to be eligible for enrollment. Fill in* ***all*** *other fields. Once complete, submit this Enrollment Agreement to ANenroll@pattan.net. Keep a copy for your records.*

*Once we receive your agreement, you can expect an email notice of your eligibility to enroll within two weeks. If you haven’t received a reply within 2 weeks, send an inquiry to ANenroll@pattan.net. If approved for enrollment, you will receive an email invitation with instructions and a personal code to enroll in the* ***Autism Navigator: Primary Care*** *course.*

*Thank you for your interest in this professional development opportunity!*

*Early Intervention Technical Assistance*

**Date:** click here to enter the date **Which NFP Agency do you work for**:Click here to enter text.

**Your name**: Click here to enter text. **Is your position Full time**?  Yes No

**Your position**: Click here to enter text.

I am currently providing or supervising home visiting services in Pennsylvania through NFP and anticipate that I will

continue in this role for the upcoming year.

*\*Please check the counties for which you provide home visiting services (see list below).*

I have read and understand the ***Autism Navigator: Primary Care*** Course Description. I agree, to the best of my ability, to complete the eight hour course within one year of registration. I will become familiar with course resources in order to share them as appropriate.

*It is* ***highly recommended that you complete the course within 2 months of enrollment****. This supports continuity of learning and allows time to finish* ***and use*** *course resources and tools. Enrollment is for one year. Please download course resources before your enrollment expires.*

I will not share my enrollment code with any persons, agencies, groups or organizations.

I will notify EITA (ANenroll@pattan.net) if I am unable to fulfill this agreement.

Please contact the Autism Navigator “Help” desk (accessible from the course home page) with any questions about course content, access to screening tools or the ***Autism Navigator: How to Guide.***

I have access to the following computer resources required to use the online course: 1. Internet connection w adequate

speed to view video clips, 2. Speakers or headphones for audio, 3. The latest version of Safari, Firefox &/or Chrome.

(Explorer is not supported), and 4) Adobe Reader for PDF files

**\*Check all counties (below) where you provide home visiting services.**

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| Adams  Allegheny | Crawford  Cumberland | | Lehigh  Luzerne | Susquehanna  Tioga | | |  |  |
| Armstrong | Dauphin | | Lycoming | Union | | |  |  |
| Beaver | Delaware | | McKean | Venango | | |  |  |
| Bedford  Berks  Blair  Bradford | Erie  Elk  Fayette  Forest | | Mercer  Mifflin  Monroe  Montgomery | Warren  Washington  Wayne  Westmoreland | | |  |  |
| Bucks  Butler  Cambria  Cameron  Carbon  Centre  Chester  Clarion  Clearfield  Clinton  Columbia | Franklin  Fulton  Greene  Huntingdon  Indiana  Jefferson  Juniata  Lackawanna  Lancaster  Lawrence  Lebanon | | Montour  Northampton  Northumberland  Perry  Philadelphia  Pike  Potter  Schuylkill  Snyder  Somerset  Sullivan | Wyoming  York | | |  |  |
|  |  | |  |  | | |  |  |
| Your Signature: *Click here to enter text.* | |  | | |  |