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.* |  |  |