

ARTICLE 9 INSTRUCTOR APPLICATION PACKET

APPLICANT INFORMATION

DATE OF APPLICATION _____ LOCATION OF REQUESTED CLINIC _____ DATE OF CLINIC _____

APPLICANT'S NAME _____

WORK PHONE NUMBER _____ EMAIL ADDRESS _____

BUSINESS ADDRESS (No., Street, Ste. No.) _____

CITY _____ STATE _____ ZIP CODE _____

AGENCY NAME _____

CURRENT JOB TITLE AND DESCRIPTION _____

Description of professional experience, including a minimum of 1 year personal and/or professional experience providing direct support to persons with developmental disabilities (this does not include administrative responsibilities):

I wish to become an Article 9 Instructor because (minimum one paragraph):

DATE COMPLETED	REQUIRED TRAININGS	DOCUMENTATION REQUIRED <i>(i.e., certificate)</i>
	Teaching and skill building strategies	
	Principles of positive behavior support, functional behavior analysis and/or other positive behavioral change systems consistent with Article 9	
	Article 9 (new instructors: certification must be within the past 6 months; recertifying instructors: last class roster must be within past 6 months)	
	Prevention and Support Certification class (either Prevention and Support certificate or "Preventing Behavioral Incidents" certificate, documenting observation of the emergency physical intervention techniques)	

Additional Required Attachments:

Attached?

Article 9 Candidate Assessment

Signed Instructor Responsibilities Agreement

Letter of Support and Agreement from Supervisor/Agency

Send completed application and required attachments to dddstatewidetraining@azdes.gov.

If you have questions about completing this application, please contact the DDD Training Unit at 602-771-8125.

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at 602-542-0419; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request.

CANDIDATE'S NAME _____ DATE _____

C. _____

Example:

D. _____

Example:

4. According to Prevention and Support, what are the three questions that need to be asked to determine if a situation is a behavioral emergency?

5. Penny has a history of biting people near her when she is frustrated. She often gets frustrated at work when she does not have enough to do, or if she has to stay on one task for longer than a half an hour. She does not communicate with spoken words. Friends and staff who have known Penny for a while say she is extremely expressive with her facial expression and hand gestures. When she is not frustrated, friends and staff say she does a good job pointing to what she wants and using her face to express her emotions.

What alternative behavior would you want to teach Penny?

Identify 5 positive teaching techniques that could be used to support Penny in learning the alternative behavior.

CANDIDATE'S NAME _____ DATE _____

6. While teaching a class, one class participant is adamant that seclusion/locked time-out can be an effective behavior change strategy when working with someone who is upset, particularly if other people are around and at risk of being injured.

Describe how you would respond to the participant, maintaining the participant's dignity while reinforcing Article 9 and the principles of Positive Behavior Support.

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7. It is Friday night, and a new movie was just released. The movie theater is packed. Cecilia has waited all week for the movie, and is extremely excited. Cecilia always has popcorn when she goes to the movies.

The line for the snack bar is really long. Cecilia picks a line, and begins to wait. She starts to step back and forth as she gets worried that she will not get her favorite seat in the theater. She feels like all the other lines are moving faster, and bites her nails every time another line moves faster.

Finally, the man in front of her reaches the front of the line. He orders a hot dog, and the cashier explains they will have to cook the hot dog. Cecilia sighs loudly. The cashier says, "Please wait a minute."

Cecilia shoves the man aside and screams, "I just want popcorn! I need my popcorn now!"

The man quickly moves to the side and says, "It's okay—just give this woman her popcorn."

The cashier is so concerned that she quickly fills a bag of popcorn and gives it to Cecilia. The cashier does not charge Cecilia for the popcorn. Cecilia takes the popcorn and rushes into the theater to find a seat.

Identify the following in the scenario:

Antecedents:

Precursors:

Interfering behavior:

CANDIDATE'S NAME _____ DATE _____

Possible function(s) of the behavior:

Consequence(s):

8. Identify who must follow Article 9:

Police

Therapists on contract with DDD

DDD Support Coordinators

Community members

Habilitation providers

Day Programs (DTA, DTT, DTS)

Regional Behavioral Health Authority providers

Teachers at elementary schools

Parents (who are not paid providers)

Group home staff

Work programs on contract with DDD (GSE, CBE, ESA/ISE)



Article 9 Certified Instructor Responsibilities and Requirements

Preparing for Certification

- I verify the instructor application packet I have submitted to the Division of Developmental Disabilities (DDD, the Division) is complete and accurate.
- I am affiliated with DDD or an agency with a vendor relationship to the Division.
- I understand certification requires that I am trained by a Master Article 9 Trainer.
- I understand certification requirements include completing a standard Article 9 test without utilizing course materials at 100%, completing an instructor test at 80%, and completing a practical teaching test at 100%.

Course Delivery upon Certification

- Once certified I will be able to train class participants (staff, providers, family members, etc.). I will not be able to certify Article 9 instructors.
- I will provide training through face to face contact. I will provide handouts, examples, verbal instruction, answer questions, and use other methods and media as appropriate and available.
- If administering the Professional Self-Study, I will follow the Training and Testing Guidelines for Article 9.
- Classes will be a minimum of 3 hours in length to allow adequate time for effective training and testing procedures.
- Class participants will take the test individually under supervision, and pass the test at 80%. Tests will be "open book," allowing participants to use their class materials.
- I will make reasonable accommodations to administer tests to those persons who may have difficulty completing a written test, such as administering tests orally, using sign language interpreters, etc. As needed, I will consult with Master Article 9 Trainers regarding test accommodations.
- I understand that I cannot alter, enhance or supplement class materials without prior consultation with the DDD Training Department.

Requirements for Certified Instructors

- I agree to periodic review and observation of my classes by a Master Article 9 Trainer.
- I will participate in periodic surveys of knowledge.
- I will train at least one class every six months.
- I will maintain my own records of training and certification, and will provide a copy of these records upon request to DDD and/or the certifying Master Article 9 Trainer.
- With 30 days of course completion, I will submit class sign-in/rosters to DDD.
- I will notify DDD if I change agencies prior to delivering training in the new circumstances.
- I understand my certification is valid for 3 years, and requires recertification by a Master Article 9 Trainer. I understand it is my responsibility to contact a Master Article 9 Trainer to arrange for recertification.

I have read and agree to the requirements and responsibilities to maintain certification as an Article 9 instructor. I understand that failure to abide by these requirements can result in immediate revocation of my certification, and that my employer, contracting agencies and Division monitoring staff will be informed if this occurs.

CANDIDATE'S NAME *(Please Print)* _____

SIGNATURE _____ DATE _____



DEPARTMENT OF
ECONOMIC SECURITY

Division of Developmental Disabilities

Article 9 Agency Letter of Support

- The instructor’s decisions regarding passing and failing trainees will be respected and honored.
- The instructor will be allowed time to participate in related surveys, training and meetings as required by the Division of Developmental Disabilities.
- The instructor will be allowed adequate time for preparation of quality training.
- The instructors will be supported in delivering training adequate for adult learning, including a minimum of 3 hours of classroom instruction.
- The agency understands that if the instructor does not fulfill the requirements and responsibilities of a certified Article 9 instructor, certification of the instructor can be suspended and/or removed.
- If an instructor’s certification is suspended or removed, the agency must make other arrangements to assure agency staff are trained by a certified Article 9 instructor.
- Upon request, the agency will provide training records of the instructor to the Division of Developmental Disabilities.

CANDIDATE’S NAME _____ DATE _____

AGENCY _____

SUPERVISOR’S NAME _____

SUPERVISOR’S SIGNATURE _____

EXECUTIVE DIRECTOR’S NAME _____

EXECUTIVE DIRECTOR’S SIGNATURE _____