

Application Form for Centers of Excellence

Name of Facility: _____

Type of Business (i.e. public school, therapy clinic, private school for kids with autism, etc.):

Address of Facility: _____

Facility Phone Number: _____

Name of Director: _____

Contact Person: _____

Contact Person phone number: _____

Contact Person email: _____

Facility Website: _____

Please list the LAMP certified professionals currently employed at your facility:

Please list the LAMP trained professionals currently employed at your facility:

What is the total number of licensed, credentialed professional staff at this facility/program: _____

By applying to be a Center of Excellence, the above mentioned facility agrees to the following

To inform the Center for AAC & Autism if, at anytime, the number of LAMP certified professionals employed full-time by the facility drops to less than two.

To schedule a site visit with a representative from the Center for AAC & Autism

To represent LAMP as a treatment approach trademarked by the Center for AAC & Autism

We understand that designation as a LAMP Center of Excellence reflects the ability of our center/program to skillfully apply LAMP in our clinical practice but is not meant to limit professionals and facilities in the treatment methods they choose to incorporate into their practice.

Center Director

Date

Please mail completed application to:

The Center for AAC & Autism

ATTN: Courtney Drown

P.O. Box 1317

Wooster, OH 44691

If you have any questions, call Courtney at 1-866-998-1726.

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