

As a Member of the Region 1 DD Training Co-Op, **Access Ability, LLC** presents:

## **Oregon Intervention System(OIS): General Level G**

Training and Certification by John Mushlitz, MAEd

*OIS is an intensive training/certification program & process for implementing Positive Behavior Support & safe intervention when addressing challenging behavior. This 2-day **OIS-G** class focuses on supports for adults & children with intellectual or developmental disabilities in the home or community.*

**Dates: Monday, April 13<sup>th</sup> and Tuesday, April 14<sup>th</sup>, 2020**

**Time: 9:00 am to 5:00 pm** (check-in is at 8:45 am. Arrivals after 9:20 won't be admitted nor refunded.) *There is a 1-hour lunch break and class generally adjourns before 5pm.*

**Location: Community Room, East Precinct Portland Police Bureau, 737 SE 106<sup>th</sup> Portland, OR 97216** *(Parking lot is directly across the street)*

**Cost: \$110/person\* due in advance** *\*This OIS class cost is the same for members and non-members. Family members or foster care providers/parents of individuals in DD services, and staff/affiliates of all Co-Op member agencies in the 5 counties of Region 1 will be given **registration preference** for available space in class.*

**Please note:**

- *Participants must wear comfortable clothing and closed-toe shoes to allow for full participation in physical practice activities. Please do not wear open-toed or high heel shoes or sandals, short skirts or clothing that will restrict your physical practice of techniques.*
- *Completion certificates distributed at end of class only to those who attend all required hours.*
- **Refunds will be granted only if class is cancelled by the host agency or if registrants cancel by email at least 10 days prior to class.**

**Please contact Jane Rake by email to check space availability before registering, or for other questions at [jane.rake@gmail.com](mailto:jane.rake@gmail.com)**

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**REGISTRATION FORM: PLEASE PRINT CLEARLY! EMAIL ADDRESS REQUIRED!**

To register please complete this form and mail with check or money order payable to **Access Ability, LLC** to:

**Access Ability, 3142 NE 45<sup>th</sup> Avenue, Portland, OR 97213-1142**

**OIS-G registration  
April 13<sup>th</sup> and 14<sup>th</sup> 2020**

Participant \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Phone # \_\_\_\_\_

Amount Enclosed: \$ \_\_\_\_\_ DD Foster Home? Yes/No Adults? Yes/No Child/Youth? Yes/No

Agency or Provider Name \_\_\_\_\_