



Academy of
Orton-Gillingham
Practitioners
and Educators



SCHOOL OF EDUCATION

2020 ORTON-GILLINGHAM APPROACH TEACHER/TUTOR TRAINING COURSE

REGISTRATION AGREEMENT

(Classes fill on a first come, first serve basis)

Classroom Educator/Tutor Course: Fee: \$780

(You must be currently employed at a public/private school or an ed therapist, education student, ET student or allied professional July 9, 10, 13, 14, 15, 2020 (Th, F, M, T, W, 8:30 a.m. - 3:30 p.m.)

Location: Holy Names University

Name: _____

Address: _____

Cell Phone: _____ Email Address (please print clearly): _____

College(s) and Highest Degree Earned with date: _____

2018-19 Teaching/work assignment and School or District Name OR related field or education program:

Previous Structured Literacy Training:

After completing this training, do you plan to participate in a practicum: Yes ___ No ___

Three CEU's will be available from Holy Names University, for a separate fee of \$120 per unit, paid directly to HNU. Details regarding CEUs will be sent prior to the first class meeting.

Yes, I am interested in 3 CEUs for an additional \$360.

(If you are not sure about a practicum, just skip this question. We will discuss the optional practicum during the training.)

Please scan and email this completed registration form to Brad Henry, Operations Coordinator in the School of Education, at henry@hnu.edu. Once we receive the form, you will be contacted with payment instructions. Your registration will not be complete until payment has been made.

Please Read and Sign this Agreement

Having read this registration form, I understand that in the event that I need to withdraw from the training within 1 week of the course's beginning date, I am aware that \$100 per module will be nonrefundable, which covers the application processing fee, any materials provided before the course, and the cost of materials printed for the course.

Since I am taking this training course, which I may use for teaching/tutoring, I affirm that I have:

- Never had any licensing board nor professional ethics body require me to surrender my license, nor have I been found guilty of a violation of ethics codes, professional misconduct, unprofessional misconduct, incompetence nor negligence in any state or country
- Never engaged in any sexual misconduct with any current or former client/student
- Never engaged in any sexual misconduct with any current or former client's/student's spouse, nor any person with a direct relationship to a client/student or former client/student (for example a guardian, blood relative of the client/student, or spouse, or any person sharing the client's student's domicile).

Signature: _____ Date: _____

Scan and email completed form to: Brad Henry at henry@hnu.edu