

## Special consideration toward completion of USC Chan Sensory Integration CE Certificate Program

Contact information				
Name				
Street Address				
City, ST, ZIP Code				
Email Address				
Previous courses completed				
Please indicate the courses y a USC/WPS course, please in the required to complete an extreme the next course.	ou have compl nclude a copy c	of our Certificate of Att	endance with this	application. You may
Course		Location		Month and Year
Course 1: The Sensory Integration Perspective				
Course 2: Specialized Techniques for Measuring Sensory Integration				
Course 3: From Interpretation to Intervention				
Course 4: Sensory Integration Intervention				
Sensory Integration course taken at the University of Southern California (e.g. OT 564, OT 565, OT 610)				
Special notes or circums	tances			
If applicable, please share any notes or special circumstances that should be considered when reviewing your information.				
Agreement and signature				
By submitting this application, I affirm that the facts set forth in it are true and complete.				
Name (printed)	,	<u> </u>		
Signature				
Date				

Please email completed form to si@chan.usc.edu