



Training Request Form

Thank you for your interest in receiving University of Miami Nova Southeastern University Center for Autism & Related Disabilities' (UM-NSU CARD) services. Please submit requests for service at least 4 weeks in advance. All requests will be reviewed by administration and assigned to the appropriate clinician(s). CARD services are free of charge; the following are a list of services that are offered:

Today's date: _____

Name of agency/school: _____

Name and title of person requesting service: _____

Contact person: _____

Contact number: _____

Email Contact: _____

Specific Training topic: _____

Anticipated training outcomes: _____

Number of anticipated participants: _____

Preferred date: _____ Preferred time: _____

Name & Title of Administrator: _____

Signature of Administrator (required): _____

Please fax this form to one of the following:

For Monroe & Miami-Dade Requests (305) 284-6555
For Broward Requests (954) 262-2847

OFFICE USE ONLY

Date received _____ Date assigned _____ Assigned to _____

Disposition: _____