



Wisconsin Treatment Outreach Project (WTOP)
Great Lakes FASD Regional Training Center (GLFRTC)
University of Wisconsin, Dept of Family Medicine
1100 Delaplaine Court, Madison, WI 53715
Phone: 608-261-1418 or Toll-Free: 1-800-752-3157
Email: fasdtrainingcenter@fammed.wisc.edu
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SCHOLARSHIP APPLICATION

Fetal Alcohol Spectrum Disorders (FASD) Training of Trainers Trainer Certificate Program

March 7-11, 2011
Verona, Wisconsin

The certificate program provides science-based information on FASD; along with the skills, strategies, and materials to provide FASD education and training to medical and allied health providers and other audiences. Upon completion of the five-day training, participants receive 3.0 (30 hours) of continuing education units from UW-Madison. Participants earn the “**FASD Trainer Certificate**” from UW-Madison by successfully completing all training requirements (see “TOT Certificate Requirements” for full details).

The Wisconsin Treatment Outreach Project (WTOP) is providing a limited number of partial/full registration scholarships to women’s treatment and ancillary services providers in Wisconsin. WTOP may also be able to cover some travel expenses. Eligible scholarship applicants must provide all requested documentation and agree to complete all training requirements. **Please note: Scholarship recipients who do not satisfactorily complete the requirements by September 12, 2011 will be billed for the full amount of their scholarship.**

WTOP intends to provide scholarships to a diverse group of training participants from across Wisconsin; and applicants may be placed on a wait list pending a thorough review of potential applicants. Email confirmation regarding receipt of scholarship application will be sent within one week of receipt of all documentation.

Scholarship Application Process:

- Fully complete and submit TOT scholarship application form.
- Provide written documentation you are available to attend and fully participate in the entire five (5) day training (e.g. letter from employer).
- Provide written documentation you have access to two training audiences (if applicable, a letter from an employer can satisfy both requirements). WTOP scholarship recipients can provide one training to women in treatment/recovery—at least one of the two trainings must reach medical and/or allied health providers/students.
- Provide commitment you will utilize the content information from the CDC’s “FASD Competency-Based Curriculum Development Guide for Medical and Allied Health Education and Practice” to provide FASD training.
- Provide commitment you will follow the GLFRTC training protocol to provide and evaluate two FASD trainings.

March 2011 FASD TOT

WTOP SCHOLARSHIP APPLICATION FORM

Please complete and submit the following to: Kristi Obmascher, GLFRTC, 1100 Delaplaine Court, Madison, WI 53715

Applicant Information

Name: _____ Degree(s): _____

Organization: _____

Mailing Address: _____

City/State/Zip: _____

Telephone: _____

Email: _____

I. Training

- I am committed to fully participate in the five-day FASD Training of Trainers (TOT) to be held March 7 – 11, 2011 in Verona, Wisconsin.
- Enclosed is documentation from my employer that I can attend the five day training.
- I will complete all in-person training requirements, including pre/post evaluation, written assignment, oral presentation, and "TOT Educator Quiz".

II. Accommodations

We have reserved a limited number of rooms at the Holiday Inn Express, 515 W Verona Ave in Verona, Wisconsin (www.hiexpress.com/veronawi or 608-497-4500). Please indicate below if you need to request a scholarship to cover the costs of a guest room. Upon acceptance of your scholarship application we will reserve a room for you, and send email/written confirmation. If provided, the scholarship will only cover the costs of the accommodations. It will NOT cover any incidental expenses (e.g. telephone, in-room movies, or other fees). Indicate the night(s) a room is requested:

- Sun March 6th Mon March 7th Tue March 8th Wed March 9th Thur March 10th

III. Additional Training Expenses

The WTOP be able to provide additional financial support to cover travel expenses such as mileage and meals. Please indicate any anticipated expenses you would like to request:

- Mileage
- Meals not included at the TOT training
- Other (provide explanation): _____

IV. Post Training Requirements

- I will plan, provide, and evaluate at least two FASD-related training within six months of the March 2011 TOT.
- I will follow the GLFRTC training protocols, including submitting training information in a timely manner.
- Enclosed is documentation from my employer that I can attend the full five (5) day training.
- Enclosed is documentation verifying my access to at least two training audiences.

2010 TOT Application Form

Please accept my application for a full or partial WTOP scholarship for the March 7 – 11 2011 “Fetal Alcohol Spectrum Disorders (FASD) Training of Trainers (TOT)” Trainer Certificate Program. If selected, I agree to attend and fully participate in the entire five day training; and meet all TOT requirements.. If I do not complete all training requirements within six months of the TOT, I will pay the full training registration fee of \$489, plus any additional expenses covered by the WTOP scholarship.

Name: _____
(please print)

Signature: _____

Date: _____

Complete and Return to:

Kristi Obmascher, Training Coordinator
Great Lakes FASD Regional Training Center (GLFRTC)
University of Wisconsin, Dept of Family Medicine
1100 Delaplaine Court, Madison, WI 53715
Fax: 608-263-5813
Email: fasdtrainingcenter@fammed.wisc.edu