FORM 5 - SECTION 2A – TO BE COMPLETED BY A UNIVERSITY AGENT TO DOCUMENT THAT THE COLLEGE/UNIVERSITY COURSEWORK INCLUDED SOME OR ALL OF THE REQUIRED NUMBER OF HOURS LISTED IN EACH CONTENT AREA

THE TOTAL NUMBER OF REQUIRED HOURS IN EACH CONTENT AREA IS NOTED BELOW

- Verify the required number of hours for each content area that were completed through college/university coursework.
- Submit this document to the Board with all supporting coursework verifications.

<table>
<thead>
<tr>
<th>NAME OF APPLICANT:</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF COLLEGE/UNIVERSITY or TRAINING PROGRAM:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADDRESS OF COLLEGE / UNIVERSITY: (if applicable)</td>
<td>Street</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>ZIP</td>
<td></td>
</tr>
</tbody>
</table>

- Professional Ethics (3 hours)
- Autism-Specific (18 hours)
- Assessments (16 hours)
- Crisis Intervention (8 hours)

- Family Collaboration (5 hours)
- Instructional Strategies & Best Practices (16 hours)
- Co-Morbidity & Medications (8 hours)
- Addressing Specific Skill Deficits (16 hours)

I CERTIFY THAT THE INDIVIDUAL LISTED ABOVE AND IN SECTION 1 OF THIS VERIFICATION OF EVIDENCE-BASED COURSEWORK FORM HAS COMPLETED THE NUMBER OF CONTENT HOURS INDICATED IN THE CATEGORIES CHECKED ABOVE.

<table>
<thead>
<tr>
<th>NAME OF UNIVERSITY AGENT (Print)</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIGNATURE OF UNIVERSITY AGENT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DATE:</td>
<td>Month</td>
<td>Day</td>
<td>Year</td>
</tr>
</tbody>
</table>

Seal of college or university
(If the college/university does not have a seal, please submit a letter signed by the university agent attesting to that.)

Upon completion, the school must return the form(s) and transcripts directly to the Pennsylvania State Board of Medicine in an official school envelope.

DO NOT RETURN THE ORIGINAL FORM TO THE APPLICANT

(A COPY of this form can be provided to the applicant upon request.)

Regular Mailing Address
STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649
717-783-1400/717-787-2381

Courier Delivery Address
STATE BOARD OF MEDICINE
2601 NORTH THIRD STREET
HARRISBURG, PA 17110