“AUTISM SPECTRUM DISORDERS” (A025)
2009 Videoconference Series
Quiz for General CEUs, ACT 48, ACT 62, CADC/CCDP, NBCC, Psychologist, and Social Work/LPC/LMFT Continuing Education Credit (2.0 credit hours)

DIRECTIONS: Complete this test after viewing the web cast of the videoconference listed above.
In order for Western Psychiatric Institute and Clinic to record that you completed the training, please complete this test and the Application/Validation for Continuing Education Credit on the next page. After finishing, sign where indicated on the second page and return both forms by mail to:
Jennifer Lichok
WPIC/OERP
Champion Commons, Third Floor
3811 O’Hara Street
Pittsburgh, PA 15213

MULTIPLE CHOICE – Please choose the BEST answer.
1. The combination of which 3 features meets the diagnostic criteria for an autism spectrum disorder?
   A. Impairments in social interaction, absence of gestures, attention deficit
   B. Impairments in communication, self-stimulatory behaviors, tantrums
   C. Impairments in social interaction, communication, restricted and repetitive patterns of behavior
   D. Impairments in communication, cognitive delay, no eye contact

2. Which of the following is NOT a common presenting sign specific to autism spectrum disorders?
   A. Not responding to their name
   B. Not pointing to show objects to others
   C. Lack of social interest in other children
   D. Delayed or unusual communication
   E. Night seizures

TRUE/FALSE – Indicate whether the statements below are TRUE or FALSE.
3. Current rates show that autism occurs in 1 out of every 150 children.
   A. True
   B. False

4. Autism is a clinical spectrum in which 40% of individuals are verbal with normal IQ scores.
   A. True
   B. False

5. There are no rating scales or structured assessments used to diagnose autism.
   A. True
   B. False

PLEASE CONTINUE TO THE NEXT PAGE
TRUE/FALSE – Indicate whether the statements below are TRUE or FALSE.

6. ABA is Applied Behavior Analysis and it is one approach to understand behavior and to provide intervention.
   A. True
   B. False

7. Social skills cannot be taught to individuals with autism spectrum disorder.
   A. True
   B. False

8. There are many medications approved by the FDA for the treatment of autism.
   A. True
   B. False

9. Young children can be identified as having a developmental delay and can still be referred to Early Intervention Services without a confirmed diagnosis.
   A. True
   B. False

10. Individuals with autism and/or other developmental disorders can stay in school until age 21 as long as they have an Individual Education Plan (IEP).
    A. True
    B. False
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APPLICATION/VALIDATION SHEET FOR CONTINUING EDUCATION CREDIT FOR
General CEUs, ACT 48, ACT 62, CADC/CCDP, NCC, Psychologists, and
Social Work/LPC/LMFT (2.0 CREDIT HOURS)

INSTRUCTIONS: In order for Western Psychiatric Institute and Clinic to record the credit you earn by
viewing this program, we request that you follow the directions below:
1. Print your name, address, and social security number clearly below.
2. Sign the statement affirming your attendance at the session.
3. Return with payment to: Jennifer Lichok
   WPIC/OERP
   Champion Commons, Third Floor
   3811 O’Hara Street
   Pittsburgh, PA 15213

I hereby affirm that I viewed the videoconference web cast indicated above:

Signature ___________________________ Date Completed __________

PLEASE PRINT CLEARLY:

Social Security Number (last five digits only) ___________________________ Mailing Address ___________________________

Name _____________________________________________________________________________
City ________ State ________ Zip Code ______

Phone # ___________________________ Email address ___________________________

TYPE OF CREDIT: Please Indicate Your Certification Needs
☐ ACT 48: Educators (please complete Act 48 packet) ☐ CAC/CCDP: Certified Addiction Counselor
☐ ACT 62: Behavior Specialist ☐ NBCC: National Board of Certified Counselors
☐ CEU: General Continuing Education Credit ☐ SW/LPC/LMFT: Social Work (LCSW, MSW)
☐ Psychologist

PAYMENT ENCLOSED:
☐ $30 for Act 48, Act 62, CADC/CCDP, CEU, NBCC, Psychologist, or Social Work credit

PAYMENT TYPE:
☐ Check #_________________________(Check payable to OERP/WPIC)

☐ Credit Card #: ___________________________ Expiration Date: ________ ID#: __________
Type of Credit Card: ___________________________ Signature ___________________________

☐ UPMC Account Transfer: Dept. ID: ___________ Account # ___________ Administrator’s Name ___________________________ Administrator’s Signature ___________________________

Please mail these two forms to the above address. If your score is 80% or above, you will receive a
certificate via mail. If you have any questions please call Jennifer Lichok at 412-204-9088.