



## **“AUTISM SPECTRUM DISORDERS” (A025)**

2009 Videoconference Series

Quiz for General CEUs, Act 48, CME, NBCC, Psychologist or 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  
4601 Baum Building, Room 178  
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



*Western Psychiatric Institute and Clinic  
Office of Education and Regional Programming*

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**APPLICATION/VALIDATION SHEET FOR CONTINUING EDUCATION CREDIT FOR  
General CEUs, Act 48, CME, NBCC, 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  
4601 Baum Building, Room 178  
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**

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**Phone #**

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**TYPE OF CREDIT: *Please Indicate Your Certification Needs***

<input type="checkbox"/> CEU: General Continuing Education Credit	<input type="checkbox"/> CME: Physicians, CRNP, PA
<input type="checkbox"/> NBCC: National Board of Certified Counselors	<input type="checkbox"/> Psychologist
<input type="checkbox"/> Act 48 (Educators) Professional Personnel ID #: _____ (please complete Act 48 packet)	
<input type="checkbox"/> SW/LPC/LMFT: Social Work	

**PAYMENT ENCLOSED:**

- \$30 for Act 48, CME, NBCC, Psychologist or Social Work credit.
- \$15 for General CEU (**not** for professional licensure)

**PAYMENT TYPE:**

- Check # \_\_\_\_\_ (Check payable to OERP/WPIC)
- Credit Card # ( \_\_\_\_\_ Expiration Date: \_\_\_\_\_ ID#: \_\_\_\_\_  
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- 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 412-802-6915.