[Insert state deaf-blind project logo]

# **Candidate Agreement Form: Intervener Training Program**

Please complete and sign this form and return it to your state deaf-blind project.

Participation in the Intervener Training Program involves the following components:

* Completion of assigned *Open Hands, Open Access* (*OHOA*) *Deaf-Blind Intervener Learning Modules*
* Attendance at online meetings
* Completion of two *National Intervener Certification E-Portfolio Modules*
* Development and submission of a NICE e-portfolio
* Receipt of coaching and mentoring from your state deaf-blind project
* Provision of feedback about your participation in the pilot project to your state deaf-blind project

Because successful completion involves a strong commitment from participants, we ask you to carefully review and agree to the following.

**As an intervener candidate participating in the Intervener Training Pilot Project, I agree to:**

* Complete the OHOA Modules and assignments on time as indicated in the course syllabus
* Complete NICE Modules and assignments on time
* Attend all OHOA and NICE online meetings
* Notify [insert project contact name] if I will require captioning for online meetings
* Pay the $40 NICE registration fee
* Submit a NICE e-portfolio by a deadline established by me and my state deaf-blind project
* Participate in coaching/mentoring provided by my state deaf-blind project
* Let the module host know in a timely manner if circumstances arise that will prevent me from meeting any deadlines
* Protect the privacy of my student or client and safeguard the confidentiality of their records and information (when speaking of a student/client, use common sense and your best judgment; refrain from using names, specific ages, or other clearly identifying information)
* Obtain signed media releases for my student/client and all other individuals represented in photos or videos that I plan to use in my NICE portfolio
* Abide by all NICE policies and procedures as described in *Applying for NICE Certification: Policies and Procedures*.
* Provide feedback about my experience as a pilot program participant by completing requests from my state deaf-blind project

Print name:

Signature:

Email: