



**Keystone Autism Services  
Provider Training Confirmation**

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Participant Name

My signature below is confirmation that I have received background information regarding the Keystone Autism Services ACAP participant listed above who will be receiving services.

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Provider Name

Staff Name	Date	Staff Signature

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Presenter Signature

3700 VARTAN WAY, HARRISBURG, PENNSYLVANIA 17110 USA  
TEL: 717.220-1465 / FAX: 717.220-1727 / [WWW.KEYSTONEHUMAN SERVICES.ORG](http://WWW.KEYSTONEHUMAN SERVICES.ORG)

*An agency of Keystone Human Services  
"A copy of the official registration and financial information for Keystone Human Services may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, 1.800.732.0999. Registration does not imply endorsement."*