

Certified Relationship Development Intervention - Behavior Intervention & Treatment - Level 2 Consultant Certification Verification: Checklist D

Directions: Please complete the information below and submit to:

Illinois Department of Human Services Division of Developmental Disabilities Bureau of Quality Management Relationship Development Consultant Review 319 E. Madison, Suite 4J Springfield, IL 62701

Last Name:	First Name:	Middle Initial:
Social Security Number:		
Affiliation:		Phone Number:
Address:		Fax Number:
		Date:
Email:		

Information to be provided:

A copy of your Relationship Development Intervention Consultant certificate

The Illinois Department of Human Services has my permission to release my name, affiliation, and phone number in order to facilitate professional contact.

Signature

Date