



**QUALIFIED INTELLECTUAL DISABILITIES PROFESSIONAL (QIDP)  
 JOB & EDUCATIONAL REQUIREMENTS: CHECKLIST A**

**Directions:** Attach a copy of the applicant's **resume** and **degree transcripts** to this completed checklist. The resume should indicate when and where the applicant provided direct services or supports (i.e., activities of daily living and active treatment) to individuals with developmental disabilities. Send all documents and this checklist to:

Illinois Department of Human Services  
 Division of Developmental Disabilities  
 Quality Enhancement Section  
 QIDP Credential Review  
 600 East Ash, Building 400, Mail Stop 2 North  
 Springfield, IL 62703  
 Fax: (217) 782-9444

**This applicant:**

has at least one year of experience working directly with individuals with a developmental disability

**AND IS ONE OF THE FOLLOWING:**

- licensed doctor of medicine or osteopathy
- licensed registered nurse
- certified occupational therapist or occupational therapist assistant
- certified physical therapist
- certified physical therapist assistant or a graduate of an approved two-year college-level program
- psychologist with a master's level degree from an accredited school program
- social worker with a bachelor's degree from an accredited or approved program
- speech-language pathologist or audiologist
- professional recreation staff person with a bachelor's degree in recreation or in a specialty area such as art, dance, music or physical therapies
- registered professional dietician
- human services professional with a bachelor's degree in a human services field, including, but not limited to sociology, special education, rehabilitation counseling or psychology

\_\_\_\_\_  
 Last Name, First:

\_\_\_\_\_  
 Social Security Number:

\_\_\_\_\_  
 Course Coordinator:

\_\_\_\_\_  
 Phone Number:

\_\_\_\_\_  
 Agency:

\_\_\_\_\_  
 Fax Number:

\_\_\_\_\_  
 Street Address:

\_\_\_\_\_  
 E-mail:

\_\_\_\_\_  
 City, State, Zip:

**I certify that the submitted information is correct.**

\_\_\_\_\_  
 Agency Director:(Printed Name)

\_\_\_\_\_  
 Agency Director:(Signature)

\_\_\_\_\_  
 Date: