State of Illinois
Department of Human Services - Division of Developmental Disabilities

Basic Qualified Intellectual Disabilities Professional (QIDP) Training Program Letter of Application: Checklist B

Directions: *Please submit this form along with the material listed below when adopting the* ***DHS standardized training program****. These documents should be sent to:*

Department of Human Services
Division of Developmental Disabilities
QIDP Credential Review
319 East Madison, Suite 4J
Springfield, IL 62701

1. _____Copies of QIDP Job and Education Requirements: Checklist A (IL462-0130) (One for each existing QIDP).
2. _____QIDP Orientation Training Program Intent to Adopt Statement (See bottom of this form).
3. _____Sponsor's certificate of approval issued by State Board of Education or the Board of Higher Education (If Applicable).
4. _____Statement of program rationale (This is included in the DHS standardized training program. Therefore, it is not necessary to submit this).
5. _____Training Plan.
6. _____Resumes for instructors.
7. _____Instructor Qualifications: Checklist D (IL462-0133) (One for each instructor).
8. _____Copies of on-the-job activities (Optional).
9. _____Sample of competency assessment tests for each classroom module.
10. _____Performance standard statement.
11. _____Copy of attendance policy.

Course Coordinator _____ Phone #: _____
Agency _____ Fax #: _____
Address _____ E-mail: _____
_____

Intent to Adopt Statement

This agency will adopt the DHS standardized training program to meet the requirements for basic QIDP orientation training.

I certify that the submitted information, which is enclosed, is correct.

_____ _____
(Signature of Agency Director) (Date)