



**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:

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

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

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

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

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

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

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

**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 is correct.**

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

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

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