State of Illinois
Department of Human Services Division of Developmental Disabilities

DIRECT SUPPORT PERSON (DSP) TRAINING PROGRAM INSTRUCTOR QUALIFICATIONS: CHECKLIST I

Directions: Please check all that apply and attach a copy of the applicant's current resume, and other required documentation to this form. Use a separate form for each applicant. Submit this form to:

Department of Human Services
Division of Developmental Disabilities
319 E. Madison, Suite 4J
Springfield, IL 62701
Fax: (217) 782-9444
ATTN: DSP Instructor Credential Review

This applicant:

_____ is a Qualified Intellectual Disabilities Professional (QIDP) listed on the State QIDP eligible database and has completed a DHS Department approved 40 hour QIDP training program through _____ (Agency) on _____ (Date).

_____ has a valid Illinois teaching certificate and at least one year of experience with developmental disabilities as documented by the submitted resume and copy of current teaching certificate.

_____ is a community college or college instructor with at least one year of teaching experience and familiarity with developmental disabilities as documented by the submitted resume and copy of current teaching certificate.

_____ is applying to be a special content instructor to teach the content area or topics listed below, has at least one year of teaching experience, and familiarity with developmental disabilities as documented by the submitted resume, current teaching certificate, or proof of other certifications as proof of expertise to teach the special content area.

_____

_____

Note: The first three qualifying conditions above allow instructors to teach all DSP training program modules. Special content instructors can only teach specific modules approved by DHS.

_____ Applicant's Social Security Number

_____ Applicant's Last Name, First Name

DSP Course Coordinator: _____ Phone #: _____

Agency: _____ Fax #: _____

Address: _____ E-mail: _____

_____

I certify that the above information is correct.

_____ Signature of Executive Director

_____ Date