

Correction Form DSP/DD Aide Training Program Roster

Program Name: _____ Program Number: _____

Direct Support Person	Program Completion Date		4 Digit Program Number	
	Original	Revised	Original	Revised
Name:				
SSN:				
Name Change or Spelling Correction	Social Security Number**		Address	
	Original	Revised	Original	Revised

Direct Support Person	Program Completion Date		4 Digit Program Number	
	Original	Revised	Original	Revised
Name:				
SSN:				
Name Change or Spelling Correction	Social Security Number**		Address	
	Original	Revised	Original	Revised

Direct Support Person	Program Completion Date		4 Digit Program Number	
	Original	Revised	Original	Revised
Name:				
SSN:				
Name Change or Spelling Correction	Social Security Number**		Address	
	Original	Revised	Original	Revised

Comments _____

Signature of Program Coordinator: _____ Date: _____

**** Changing a social security number requires a copy of the social security card and proof of current address.** These forms should be faxed to the Illinois Department of Public Health (DPH) Health Care Worker Registry at (217) 524-0137.