



**BASIC QUALIFIED INTELLECTUAL DISABILITIES PROFESSIONAL (QIDP)
TRAINING PROGRAM LETTER of APPLICATION: CHECKLIST C**

Directions: Please submit this form along with the materials listed below when requesting approval of a **QIDP training program developed by your agency**. Submit this form and the supporting documentation 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. Submission statement.
3. Instructor's guide.
4. Handouts.
5. Overheads.
6. Other supplemental training materials.
7. A completed copy of the *Basic QIDP Training Course Content Review Guide*.
8. Sponsor's certificate of approval issued by State Board of Education or the Board of Higher Education (If Applicable).
9. Statement of program rationale.
10. Training Plan.
11. Resumes of instructors.
12. Instructor's Qualifications: Checklist D (IL462-0133) (One for each instructor).
13. Copies of on-the-job activities (Optional).
14. Copies of competency assessment tools.
15. Performance standard statement.
16. 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: _____