



**QUALIFIED INTELLECTUAL DISABILITIES PROFESSIONAL (QIDP)  
TRAINING INSTRUCTOR QUALIFICATIONS: CHECKLIST D**

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

Illinois Department of Human Services  
Division of Developmental Disabilities  
Quality Enhancement Section  
QIDP Instructor Credential Review  
600 East Ash, Building 400, Mail Stop 2 North  
Springfield, IL 62703  
Fax: (217) 782-9444

**This applicant:**

1.  is a QIDP currently listed on the State QIDP database and has completed a DHS Department approved 40 hour QIDP training program through name of Agency \_\_\_\_\_ date of training \_\_\_\_\_
2.  has a valid Illinois teaching certificate and at least one year of experience with developmental disabilities as documented by the submitted resumé and copy of current teaching certificate.
3.  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 resumé and copy of current teaching certificate.
4.  is applying to be a special content instructor and has at least one year experience in his/her field of expertise as documented by the submitted resumé, current teaching certificate, or proof of other certifications as proof of expertise. Please list module or individual topic(s) to be presented below:

Please list module or individual topic(s) to be presented:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** The first three qualifying conditions above allow instructors to teach all modules. Specific content instructors can only teach the specific modules approved by DHS.

\_\_\_\_\_  
Last Name, First:

\_\_\_\_\_  
Social Security Number:

\_\_\_\_\_  
Course Coordinator:

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

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

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

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

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

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

**I certify that the submitted information is correct.**

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

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

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