



**CERTIFIED RELATIONSHIP DEVELOPMENT INTERVENTION- BEHAVIOR INTERVENTION
and TREATMENT - LEVEL 2 CONSULTANT CERTIFICATION VERIFICATION: CHECKLIST D**

Directions: Please complete the information below and submit to:

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

<hr/> Last Name	<hr/> First Name	<hr/> Middle Initial	<hr/> Social Security Number
Affiliation: <hr/>		Phone Number: <hr/>	
Address: <hr/>		Fax Number: <hr/>	
City, State & Zip: <hr/>		Date: <hr/>	
Email: <hr/>			

Information to be provided:

A copy of your Relationship Development Intervention Consultant certificate.

The Illinois Department of Human Services has my permission to release my name, affiliation, and phone number in order to facilitate professional contact.

<hr/> Signature	<hr/> Date
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