



State of Illinois  
 Department of Human Services Division of Developmental Disabilities  
**DIRECT SUPPORT PERSON (DSP TRAINING PROGRAM)**  
**LETTER OF APPLICATION: CHECKLIST G**

**Directions:** Please submit this form along with the material listed below when adopting the **DHS standardized core training program**. Submit this form to:

Illinois Department of Human Services  
 Bureau of Quality Management  
 Quality Enhancement Section  
 600 East Ash Street, Building 400, Mail Stop 2 North  
 Springfield, IL 62703  
 Fax: (217) 782-9444  
 Email: [DHS.BQM@illinois.gov](mailto:DHS.BQM@illinois.gov)

1.  DSP Core Training Program Intent to Adopt Statement (see bottom of this form)
2.  Sponsor's certificate of approval issued by State Board of Education or the Board of Higher Education (if applicable)
3.  Statement of program rationale (only if the DHS standardized/model training program is being modified)
4.  Training plan and schedule
5.  Resumes for instructors
6.  Instructor's Qualifications: Checklist I (IL462-1282) (one for each instructor)
7.  Copies of any agency or modified on-the-job activities (OJTs/CBTAs)  
 A completed copy of the *DSP On-the-Job-Training Interventional Competencies Evaluation Form (IL462-1284)*
8.  *only for modified or agency OJTs*
9.  Sample of competency assessment tests for each classroom module
10.  Performance standard statement
11.  Copy of attendance policy

DSP Course Coordinator: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

**Intent to Adopt Statement**

This agency will adopt the DHS standardized/model training program to meet the requirements for DSP core training. **I certify that the above information, which is enclosed, is correct.**

Executive Director's (Printed Name and Signature): \_\_\_\_\_

Date \_\_\_\_\_