



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

Directions: Please submit this form along with the material listed below when requesting approval of a DSP core training program developed by your agency. 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

1. _____ Submission statement
2. _____ Instructor's guide
3. _____ Handouts
4. _____ Slide shows/PowerPoint
5. _____ Other supplemental training materials
6. _____ A completed copy of the *DSP On-the-Job-Training Informational Competencies Evaluation Form (IL462-1285)*
7. _____ A completed copy of the *DSP On-the-Job-Training Interventional Competencies Evaluation Form (IL462-1284)*
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 and schedule
11. _____ Resume of Instructors
12. _____ Instructor's Qualifications: Checklist I (IL462-1282) (one for each instructor)
13. _____ Copies of on-the-job (clinical) activities (OJTs/CBTAs)
14. _____ Copies of competency assessment tools
15. _____ Performance standard statement
16. _____ Copy of attendance policy

DSP Course Coordinator: _____ Phone Number: _____

Agency: _____ Fax Number: _____

Address: _____ E-mail Address: _____

I certify that the above information is correct.

Executive Director's (Printed Name and Signature): _____

Date _____