



State of Illinois
 Department of Human Services Division of Developmental Disabilities
DIRECT SUPPORT PERSON (DSP) TRAINING PROGRAM
INSTRUCTOR QUALIFICATIONS: CHECKLIST I

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

Illinois Department of Human Services
 Division of Developmental Disabilities
 Bureau of Quality Management
 600 East Ash Street, Building 400, Mail Stop 2 North
 Springfield, IL 62703
 Fax: (217) 782-9444
 ATTN: DSP Instructor Credential Review
 Email: DHS.BQM@illinois.gov

This applicant;
 is a Qualified Intellectual Disabilities Professional (QIDP) listed on the State QIDP eligible database and has completed a
 _____ DHS Department approved 40 hour QIDP training program through _____
 on _____ Agency
 Date

This applicant,
 has a valid Illinois teaching certificate and at least one year of experience with developmental disabilities as documented
 by the submitted resume and copy of current teaching certificate.

This applicant,
 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 resume and copy of current teaching certificate.

This applicant,
 is applying to be a special content instructor to teach the content area or topics listed below, has at least one year of
 teaching experience, and familiarity with developmental disabilities as documented by the submitted resume, current
 teaching certificate, or proof of other certifications as proof of expertise to teach the special content area.

Note: The first three qualifying conditions above allow instructors to teach all DSP training program modules. Special content instructors can only teach specific modules approved by DHS.

Applicant's Social Security Number

Applicant's Last Name, First Name

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