

Summary of Experience and Education Worksheet

You will be asked to provide the following information on line. Completing this form in advance may assist you in having all necessary information together.

Applicant Name
Street Address
City, State/Province, Zip Code
Email
Phone Number () _____ - _____

Employment History

List most recent employment first. Use additional sheets if needed

Employer _____ Date Started (mo/yr) _____
Address _____ Date Ended (mo/yr) _____
City, State/Province, Zip Code _____
Phone Number _____
Supervisor's Name _____
Position _____
Direct Support Position (circle one) yes no
Total number of hours worked _____
Primary diagnosis of individual(s) supported (circle all that apply)
Intellectual or developmental disability
Mental health diagnosis
Other _____

Employer _____ Date Started (mo/yr) _____
Address _____ Date Ended (mo/yr) _____
City, State/Province, Zip Code _____
Phone Number _____
Supervisor's Name _____
Position _____
Direct Support Position (circle one) yes no Total number of hours worked _____
Primary diagnosis of individual(s) supported (circle all that apply)
Intellectual or developmental disability
Mental health diagnosis
Other _____

Relevant DSP Volunteer Experience

Complete if you are using these hours to meet minimum DSP experience requirements.
Use additional sheets if needed.

Name of Volunteer Program or Agency Site _____
Address _____
City, State/Province, Zip Code _____
Started/Ended (mo/yr) _____ to _____
Supervisor _____
Telephone number _____
Primary diagnosis of individual(s) supported (circle all that apply):
Intellectual or developmental disability

Mental health diagnosis _____
Other _____
Approximate number of hours spent working in direct support _____

Relevant DSP Internship Experience

Complete if you are using these hours to meet minimum DSP experience requirements.
Use additional sheets if needed.

Name of Internship Program Site _____
Address _____
City, State/Province, Zip Code _____
On-site Internship Supervisor _____
Started/Ended (mo/yr) _____ to _____
Approximate number of hours spent working in direct support _____
Primary diagnosis of individual(s) supported (circle all that apply)
Intellectual or developmental disability _____
Mental health diagnosis _____
Other _____
Sponsoring Educational Program _____
Address _____
City, State/Province, Zip Code _____
Educational Program Supervisor _____

Summary of DSP Work Experience

(Paid, Volunteer, Internships)

Total months performing Direct Support Professional Work (listed above) _____

Total hours spent as a Direct Support Professional (listed above) _____

You do not need to include volunteer and internship experiences if you meet the work requirements through paid employment.

List all education. College or other post-secondary training is not a requirement for this credential, unless required by your employer.

Report continuing education for this initial application. These continuing learning experiences may include relevant conferences, courses, in-service training, etc. List the date attended/completed, the title of training, the presenter along with their professional title, the length of the training to the nearest hour and the sponsoring/hosting agency for the training.