

# 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) \_\_\_\_\_

### **Educational History**

Use additional sheets if needed

High School or GED Program	Degree	Yes	No
Address _____			
City, State/Province, Zip Code _____			
Date Degree Granted (mo/yr)_____			
College or Vocational Program (not required)	Attended from (mo/yr) _____		
Address _____		Attend to	(mo/yr) _____
City, State/Province, Zip Code _____			
Course of Study (degree and major)_____		Degree Granted	Yes No
College or Vocational Program (not required)	Attended from (mo/yr) _____		
Address _____		Attend to	(mo/yr) _____
City, State/Province, Zip Code _____			
Course of Study (degree and major)_____		Degree Granted	Yes No

### **Report of Continuing Education in Mental Health, Intellectual/Developmental Disability and/or Dual Diagnosis**

Include courses, in-service training, on-line training, conferences, etc.

<u>Date</u>	<u>Brief Title of Training</u>	<u>Presenter</u>	<u>Length of Training (hrs)</u>	<u>Sponsor</u>
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### **Instructions**

Complete the Educational and Employment History form and include it in your application for the DSP credential. You should include all relevant work experience. Duplicate the form as necessary to provide all DSP experience.

Work counted toward the required hours must involve Direct Support Work with individuals with intellectual/developmental disabilities or with a mental health diagnosis. The individual supported may carry both diagnoses.

Direct Support Work is any work that is primarily with an individual. Work may be in any setting: employment, residential, family support, clinic, recreation, school, etc. Count hours of the experience where your main responsibilities are to support individual(s). It is recognized that not all hours are direct contact hours as there are many activities (meetings, planning, paperwork, etc.) that do not involve direct contact, however the primary purpose of these activities is to provide direct support. FYI, full time work (40 hours/week) for one year is equal to 2080 hours. You may estimate your total hours.

Work can be paid employment (full or part time), volunteer work directly with individuals, or student internships or learning experiences. The total number of hours worked must be at least 1,000. Although full-time work for a year greatly exceeds 1,000 hours, work must extend over 12 full months (do not need to be consecutive months).

Include contact information for the supervisor or person responsible for oversight who can verify your experience.

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.