Direct Support Professional Assurance
(for Non-DBHDS-Licensed Providers)

[To confirm successful completion of testing and competency requirements for the DD Waivers]

I, _____(print) recognize that, as a condition of providing direct support under the BI, FIS and or CL Waivers, the following requirements must be met. I hereby assure that, as a direct support professional delivering one or more of these services, the following events have occurred as described:

1) I have received instruction in the characteristics of developmental disabilities and Virginia's DD Waivers, person-centeredness, positive behavioral supports, effective communication, DBHDS-identified health risks and the appropriate interventions, and best practices in the support of individuals with developmental disabilities.

2) I have taken and passed (with a total score of 80% or better) the "*Orientation Manual Test*."

3) The above events occurred prior to my providing direct reimbursable support services under the BI, FIS, or CL Waivers.

My signature and date below indicate the date I passed the "DSP Orientation Test."

_____ _____

Direct Support Professional's Signature Date

_____ _____

Supervisor's Signature Date

_____ _____

Trainer's Signature (if applicable) Date

_____

Agency Name

_____

Agency Address

Please keep this assurance and a copy of the scored test on file for viewing during a DMAS Quality Management Review. Keep a copy for your own records.