Ohio | Department of Developmental Disabilities

Attendance Verification of Department-Approved Training for Continuing Professional Development Units

Before completing this form, please read instructions on reverse side. Please type or print form.

Applicant Information:

Applicant's Name: _____ Applicant's SSN: _____

Applicant's Registration/Certification Validation Area(s): (Check all that apply.)

☐ Adult Services ☐ Early Intervention ☐ Investigative Agent ☐ Service & Support Administration ☐ Supt/Asst Supt Admin Stream ☐ Supt/Asst Supt Program Support Stream

Training Attended:

	Training Date(s)	Training Title	Units	ODDD Approval Number	Attendance Verifier's Signature
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Applicant's Verification:

I hereby attest (certify) that I attended the training described above.

_____ Signature of Applicant

_____ Date Signed

(Please turn over.)

Ohio | Department of Developmental Disabilities

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Instructions:

1. This form may be used to verify completion of continuing professional development units required to renew Provisional Grade and Professional Grade registration and certification issued by the Ohio Department of Developmental Disabilities (ODDD).

2. The renewal requirements are delineated in Sections 5123:2-5-01 (Adult Services Registration and Certification Standards), 5123:2-5-02 (Service and Support Administration Registration and Certification Standards), 5123:2-5-03 (Superintendent and Assistant Superintendent Certification Standards), 5123:2-5-05 (Early Intervention Registration and Certification Standards), and 5123:2-5-07 (Investigative Agent Certification Standards) of the *Ohio Administrative Code.*

3. In accordance with the *Ohio Administrative Code*, continuing professional developmental units must be pre-approved by ODDD.

4. Only an instructor or an approved attendance verifier is authorized to sign this form as such.

5. Instructors or attendance verifiers must verify attendance at the conclusion of training. Credit cannot be given to individuals who do not attend the entire training session as approved by ODDD.

6. The Applicant must sign this form.

7. Failure to properly complete this form will result in processing delay.

8. Call the Office of Certification at **(614) 644-5503**, if you need assistance to complete this form.

9. This form should be submitted along with the application to renew the registration and certification to:

Ohio Department of DD
Medicaid Development Administration
Office of Certification Services
30 East Broad Street, 13th Floor
Columbus, Ohio 43215
Provider.Certification@dodd.ohio.gov