



Employment Experience Form

Competency-Based Training and Longevity Rate Add-On for Providers of Basic Support Services through Local Funding

Direct Support Professional's (DSP) Name:

Directions: The DSP will complete page 1 and 2 and return this form and supporting documentation to their employer. The employer agency will review the form and supporting documentation. If the DSP meets the qualifications, the employer agency will complete page 3 and email all 3 pages of the Employment Experience Form to the Erie County Board of DD IFS Manager at metzel@eriecbdd.org. The employer agency will keep a copy of the Employment Experience Form and all the supporting documentation in the employees file.

DSP Requirements:

- Must have two (2) years (or equivalent of 4,160 hours) paid experience providing hands-on support to people with developmental disabilities through:
 - Hours of experience can be through:
 - Ohio local funds services (i.e. Erie County Individual Budgets), Level One, SELF and/or Individual Options (IO) waivers and/or intermediate care facility (ICF)
 - May include hours worked in other states.
 - The hours do not have to be consecutive. They do not have to be from the same agency or the same job.
 - Hours can be part-time, intermittent, seasonal or occasional work over any period of time.
- 60 hours of applicable training (attach certificate of completion to form)
 - Completion of Ohio DSPATHS certificate of Initial Proficiency (regardless when completed) **or**
 - Completion of Ohio DSPATHS certificate Advance Proficiency (regardless when completed) **or**
 - Combination of the following courses completed within the past five (5) years:
 - Online courses offered through Direct Course accredited by the National Alliance of Direct Support Professionals
 - Online courses offered through Relias that have been accredited by the National Alliance of Direct Support Professionals
 - In-person DSPATHS seminars, offered by Ohio Alliance of Direct Support Professionals, see oadsp.org/training
- **NOTE:** courses that are required for Erie County local Individual Budget contracts, do not apply for the add-on
 - MUI/UI
 - HIPPA/Confidentiality
 - Rights
 - Ohiodd.com



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Direct Support Professional's (DSP) Name:

Employer name: List either the name of the agency through which you were employed or the name of the person you served as an independent provider.

Street Address, City, State: Specify the address of the employer.

Job Title: List the title you had while employed by an agency. For all services delivered as an independent provider, write "independent provider". Additional documentation such as pay stubs or employment verification on agency letterhead must be submitted for each agency employer listed.

Services Provided: Describe the type of services provided, such as Homemaker/Personal Care, Shared Living, employment services, etc. or other services specifically for people with developmental disabilities.

Dates of service: Include day, month and year on which employment started and stopped for this employer.

Total hours: Include number hours worked each week for the employment span if working for an agency or include the total number of units or hours billed as an independent provider.

Employer name, street address, city, state	Job title	Services provided	Dates of service	Total hours

I certify that the information provided above is accurate. I understand that falsifying any information on this document may result in a denial or revocation of certification.

_____ DSP's printed name

_____ DSP's signature

_____ Date



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Agency Provider: This page is to be completed after verifying that the DSP has met the Employment Experience requirements. Please complete and return all 3 pages to Megan Etzel, Individual & Family Supports Manager at metzel@eriecbdd.org.

DSP's Name:
Agency Name:

I certify that the above DSP has met the Employment Experience requirements.

- 2 years or equivalent paid experience and
- 60 hours of applicable training

I understand that falsifying any information on this document may result in a denial or revocation of contract.

I understand that I need to inform the County Board as soon as the DSP is no longer an employee with my agency.

CEO/Human Resource printed name	CEO/Human Resource's signature	Date