



Making a world of difference
in people's lives

NADSP Application Form

Direct Support Professional Information

Date of Application:

Check Level of Certification:

- DSP-R** (New or Renewal)
 DSP-I (New or Renewal)
 DSP-II (New or Renewal)
 DSP-III (Specialist) (New or Renewal)
 FLS (New or Renewal)

First Name: _____ Middle Name: _____ Last Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Phone: _____ Cell: _____

Email (as available): _____

DSP Employment History: _____
(enter the number of years and months you have worked as a Direct Support Professional)

Current Employer Information *(to be completed by an Employer Representative)*

Name of Current Employer (Agency provider or person/family who self-directs supports): _____

Employer Address 1: _____ Length of Applicant's Employment: _____

City: _____ State: _____ Zip Code: _____ Date of Hire: _____

Employer Address 2: _____ Continuous employment: Yes No:

City: _____ State: _____ Zip Code: _____
If No, explain gaps: _____

Phone: _____ Fax: _____ Website Address: _____

Name of Employer Representative: _____

Phone: _____ Email: _____

*NADSP communications are sent via email, so please include your email

Where should award package be mailed: Employer DSP