

**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
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Supervisor’s Signature	Date
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Trainer’s Signature (if applicable)	Date
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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.