



AFFIDAVIT TO DETERMINE ELIGIBILITY SUPPORTED LIVING COACHING CERTIFICATION

Training Dates: _____ Time: _____

Providers of supported living coaching services must meet at a minimum, one of the following requirements

- Have a **bachelor's degree** from an accredited college or university with a **major in education, rehabilitative science, business or a related degree.**
- Have an **associate degree or two years of college** from an accredited college or university and **have two years of documented direct experience with recipients with developmental disabilities.**
- Have **one year of college** from an accredited college or university and **three years of documented direct experience in working with recipients with developmental disabilities.**
- **Four years of direct professional experience in working with recipients with developmental disabilities** may substitute for college **on a year for year basis.** The provider **must hold a high school or GED diploma.**

Complete this form in its entirety by typing your responses where indicated. N/A for spaces that do not apply. Do not send academic records or resumes. Both the Agency and the Applicant must sign this document. For new or solo providers, only the Applicant's signature is required.

Affidavit must be returned to: _____ **by:** _____

APPLICANT NAME: _____

Contact Phone: _____

Agency Name (if affiliated): _____

Applicant's Email Address: _____

EDUCATIONAL BACKGROUND

Master's Degree: _____

Field of Study: _____

From (college or university): _____

Year Graduated: _____

Bachelor's Degree: _____

Field of Study: _____

From (college or university): _____

Year Graduated: _____

Associates Degree: _____

Field of Study: _____

From (college or university): _____

Year Graduated: _____

OTHER HIGHER EDUCATION

1 Year College

Year completed: _____

Institution Name: _____

Location: _____

Field of Study: _____

2 Year College

Year completed: _____

Institution Name: _____

Location: _____

Field of Study: _____

WORK EXPERIENCE: (List chronological with the most recent employment first)

FROM: _____ TO: _____ (must include month and year)

EMPLOYER: _____

Job Title: _____ Supervisor: _____

Phone: _____

Job responsibilities

WORK EXPERIENCE: (List chronological with the most recent employment first)

FROM: _____ TO: _____ (must include month and year)

EMPLOYER: _____

Job Title: _____ Supervisor: _____

Phone: _____

Job responsibilities

WORK EXPERIENCE: (List chronological with the most recent employment first)

FROM: _____ TO: _____ (must include month and year)

EMPLOYER: _____

Job Title: _____ Supervisor: _____

Phone: _____

Job responsibilities

FOR AGENCIES:

Applicants being referred by an Agency must submit completed Affidavit including student's signature. The Agency's signature indicates that you have verified both the educational background and work history, finding both to be accurate and satisfactory.

By signing this Affidavit, I confirm that I have verified the accuracy of the information provided.

Name of Agency: _____

Print name of Agency Owner or Authorized Representative: _____

Signature of Agency Owner or Authorized Representative: _____

Date: _____

Signature of student: _____ Date: _____

FOR SOLO OR NEW PROVIDERS:

Applicants who are new SL providers or working independently (solo) must provide educational background and work history to be verified by APD.

By signing this affidavit, I confirm that the information I have provided is true and correct.

Name of Applicant: _____

Signature: _____

Date: _____

INSTRUCTOR USE ONLY:

Date Received: _____

Date Reviewed: _____

Determination:

- Meets Required Eligibility Criteria to Provide Services to Individuals in Supported Living
- Does Not Meet Eligibility Criteria will receive a Certificate of Participation

Instructor Signature: _____ Date: _____

*This training is an APD approved and this Certification meets APD certification criteria for providers of Supported Living Services.