

Portfolio Reviewer Training Registration Form

Thank you for your interest in becoming a NADSP Portfolio Reviewer!
Please complete this short form to register for our upcoming workshop.

Name:

Job Title:

Employer:

Sector/Population Served:

Preferred Phone:

Preferred E-mail:

Primary Mailing Address:

Street:

City:

State:

Zip Code:

Please initial after reading:

I recognize that through this workshop NADSP has invested significant time and effort to prepare me to review DSP-Certified candidate portfolios. In exchange, I recognize that I may be contacted by NADSP as needed to conduct DSP portfolio reviews after I complete this training. I commit to reviewing at least three candidate portfolios. I know that after completing three reviews, I can opt out of this role at any time by contacting NADSP and requesting to be taken off the Reviewer roster.

Please describe any experience you have providing direct support (check all that apply)

- No experience
- 0-3 years experience
- 3 or more years
- Supervisory experience
- Other (please specify) _____

Please select the position title that best describes your primary work role:

- Human Resources
- Human Resources Development (training, career development, organization development)
- Educator

- Direct Support Professional
- Supervisor/Manager
- Other (please specify) _____

Please select the phrase that best characterizes your experience:

- Working in small home settings
- Working in larger settings such as ICF/MR or nursing homes
- Working in vocational settings
- Other (please describe) _____

Do you feel professionalization is important for DSPs? Why?

Are you familiar with the Community Support Skill Standards?

- Please circle YES or NO

Are you familiar with the NADSP code of ethics?

- Please circle YES or NO

Are you credentialed through NADSP at the Registered level (DSP-R)?

- Please circle YES or NO

Are you credentialed through NADSP at the Certificate level (DSP-C)?

- Please circle YES or NO

Please note: This training is open to qualified current NADSP members. If you are not yet a member of NADSP, please update your membership along with this registration.

Please send your completed registration form, with a check for \$25.00, to:

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