



Vendor Agency: \_\_\_\_\_

Staff Name: \_\_\_\_\_

I attest that I have completed the OADSP Abbreviated Provider Training video and reviewed all handouts. I understand that if I have questions regarding any of the items that were part of the training, I am to ask the ICF facility contact prior to the initiation of direct services in the facility.

From watching the video, I understand that I am working in the ICF as a DSP (Direct Support Professional) and as such, have a responsibility to report any Unusual Incident or Major Unusual incident as defined in the video.

I \_\_\_\_\_, attest that on \_\_\_\_\_, I completed the OADSP Abbreviated Provider Training including the following;

- ☐ Watched the OADSP Abbreviated Provider Training Video
- ☐ Watched the Handwashing Supplemental Video
- ☐ Watched the Disposable Gloves Supplemental Video
- ☐ Reviewed the materials in the Participant Packet

Signed: \_\_\_\_\_

Date: \_\_\_\_\_