



**DIRECT SUPPORT PROFESSIONAL  
CONTINUING EDUCATION**

Direct Support Professional Name: \_\_\_\_\_  Full-Time  Part-Time

Facility Name: \_\_\_\_\_ Service Level \_\_\_\_\_ Date of Hire: \_\_\_\_\_

**Note:** Topics may include the following as they relate to planning and implementation of residential services: consumer services as described in program design, consumer=s rights, health and safety issues, consumer social and physical integration, the IPP Planning Team process, and development and implementation of IPP-s. [Section 56038 (a) (1) (A-G)]

DATE	PRESENTER	TOPIC	CERTIFICATE OF COMPLETION (Y OR N)	HOURS

(For each 12 month period, 8 hours required for Level 2, 12 hours required for Level 3 & 4)