

Professional Experience/Internships

(List employers for the last five years, with the most recent first. Any additional employers may be listed on an attached page.)

Employer/Type of Business/Website

Address Cty State ZIP

Phone Number/Email address

Job Title/Duties

Dates of Employment Please indicate by circling
 from ___/___/____ FT or PT
 to ___/___/____ Temporary or Permanent

Additional Information (if needed)

Employer/Type of Business/Website

Address Cty State ZIP

Phone Number/Email address

Job Title/Duties

Dates of Employment Please indicate by circling
 from ___/___/____ FT or PT
 to ___/___/____ Temporary or Permanent

Additional Information (if needed)

Licenses/Certifications (Please list any relevant professional certifications or licenses)

Profession Name

Organization

State

Date of issuance

License number

Profession Name

Organization

State

Date of issuance

License number

Personal History Information (circle applicable response)

Are you currently or have you been involved in any lawsuit pertaining to your professional capacity? If so, attach a detailed explanation. Yes No

Have you been professionally sanctioned or convicted of any offense involving the abuse or neglect of an individual with disabilities by a licensing body, employer, or professional organization? If so, attach a detailed explanation of the circumstances. Yes No

Has any civil judgment for incompetence, negligence, or malpractice been filed against you? If yes, attach a detailed explanation. Yes No

Have you been denied a professional certification, license or permit, or had a professional license or permit disciplined in any way by any licensing authority in any state? If yes, attach a detailed explanation. Yes No

Have you ever been involved in any malpractice lawsuit, including those settled by an insurance company? If yes, attach a detailed explanation. Yes No

Have you ever been censured, disciplined, dismissed, expelled from, on probation with, or been asked to resign or withdraw from any of the following: college, university, or internship, or professional school. Yes No

Is there any factor that in any way currently impairs or limits your ability to practice as a QMRP safely and effectively? Yes No

Briefly explain how you have satisfied or plan to satisfy the requirements to become a QDDP/QMRP in your state.

Indicate below your reasons for seeking certification as a QDDP. (Check all that apply.)

- For professional growth and development;
- To qualify for career advancement;
- To meet minimum standards in my state/jurisdiction;
- Other (please specify)

Certifying Statements

Under penalties of perjury, I declare that:

- 1) I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.
- 2) The essays submitted with this application are my own original work.
- 3) I am/am not (circle one) a qualified QDDP/QMRP under the regulations of the state of _____ (please specify).

Signature of Applicant

Date

I give my consent to the National Association of QDDP's or its designated agent to:

- 1) Examine the records of any state or national professional registry, including those for human service employees, child welfare workers, nurse assistants, or other professionals for the purpose of determining my eligibility for certification.
- 2) Request a criminal background check in my state of residence and any other state deemed appropriate. This may include a full fingerprint check if deemed necessary by the Association.
- 3) Contact current/former employers to verify employment data.

Signature of Applicant

Date

Checklist for Application

Have you enclosed. . .

(Check all that apply.)

- Completed, signed application form
- 1-2 page essay of introduction
- 3-5 page essay on topic of choice
- Three professional letters of recommendation
- Initial application fee of \$150.00 ** (non-refundable)
- A copy of your resume
- OFFICIAL transcripts sent directly from all colleges and universities you attended.

** The balance of \$800.00 certification fee will be due prior to beginning on-line coursework.

Method of Payment

(Check all that apply.)

- Check enclosed (payable to NAQ)
- Master Card
- American Express
- VISA
- Discover

Card Number

Exp. Date

3 digit code (on back of card)

Signature

Mail to: NAQ
2081 Calistoga Drive, Suite 1S
New Lenox, IL 60451