



Over the Rainbow Butterfly Garden

Certification Acknowledgment

I, _____ understand that as a Direct Service Provider (DSP), I am required to maintain various certifications in order to continue my role as a DSP. I acknowledge that I have completed the following certifications through, _____ agency:

DCW Fundamentals: _____

CPR: _____

DCW Developmental Disabilities: _____

1st Aid: _____

Article 9: _____

Other: _____

Prevention & Support: _____

and will continue to work with Over the Rainbow Butterfly Garden (OTRBG) in their effort to obtain copies of all documentation supporting this acknowledgment. If OTRBG is unable to retrieve mandatory documentation, I understand that I will be required to complete Article 9, CPR, and 1st Aid prior to my start date and DCW training within 90 days of my hire date.

Direct Support Professional Printed Name

Direct Support Professional Signature

Date

OTRBG Representative Printed Name

OTRBG Representative Signature

Date