Section B: Staff Information

Provide the following information for each staff member, including if you are an individual/sole proprietor applicant, who will be providing services to DVR consumers. Please make additional copies of these staff pages (pages 4 & 5) for each employee.

Community Rehabilitation Provider business name:		
Staff name:		
Address:	Telephone #:	
City, State, Zip Code:	AK Driver's License #:	
Employment Start Date:	Job Title:	
List all education, including workshop	os and pertinent training. A resume may be attached.	
High school diploma GED	National Certificate in Employment Services	
_	Certificate as an Employment Support Professional	
-		
List staff member's employment exper	rience as it pertains to this application.	
	Title:	
Job duties:	Dates:	
	Title:	
Job duties:	Dates:	
Employer:	Title:	
Job duties:	Dates:	

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Staff member:		
CRP Business Name:		
Check each service this staff member is qualified for and will be providing. * = Specialized service requiring advanced training and/or certification. PreETS = Pre-Employment Transition Services.		
On-the-Job Evaluation	Business Development *	
Preliminary Assessment	Assistive Technology Services *	
Situational Assessment	Financial & Work Incentive Advisement *	
Job Search Assistance	Benefits Analysis & Counseling *	
Job Readiness Training	PreETS Job Exploration Counseling	
Job Placement Assistance	PreETS Self-Advocacy Instruction/Peer Mentoring	
Customized Employment	PreETS Workplace Readiness Training	
On-the-Job Supports	PreETS Transition/Postsecondary Ed Counseling	
Discovery *	PreETS Work-based Learning Experiences	
Vocational Evaluation *		
Conflict of Interest: Real or apparent conflicts of interest may occur when a DVR employee or immediate family member has a financial or other interest in the business relationship involving a provider and that interest might reasonably be expected to influence the outcome of an official action. If it is found that such conflict of interest occurs and is not disclosed and remedied, the provider, or potential provider, may be barred from providing future services or the provision of services may be canceled. If a real or apparent conflict of interest exists, attach a separate sheet describing the situation. Certification: I have reviewed and agree to abide by the DVR Standards for Community Rehabilitation programs and the CRP Code of Ethics. I further certify that neither the Community		
Rehabilitation Provider nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any state or federal department or agency.		
CRP staff member signature	Date	