

Department of Developmental Services Training Comparability Form

This form is to be used to verify that a direct-hire employee has completed DDS required training while employed by a DDS qualified provider. Direct-hire employees who have completed required training through a DDS qualified provider are exempted from completing direct-hire CDS online training requirements.

Employee Instructions: Provide this completed form to your direct-hire employer. Your direct-hire employer is responsible for signing this form and forwarding it to their Fiscal Intermediary. The Fiscal Intermediary cannot exempt an employee from the CDS online requirements until this form is in the employee's direct-hire personnel file.

Employee Print Name _____

Agency Verification

This employee worked at (name of agency) _____

from (start date) _____ to (end date) _____

and has completed all required DDS qualified provider training within the last three years.

Agency Representative: _____ Title: _____

Agency Representative Signature: _____ Date: _____

Employer

I have reviewed this training verification form and am satisfied that the DDS training requirements have been met.

Employer Name (Print) _____

Employer Signature _____ Date: _____