Alabama QDDP Certification – Initial Qualifications Application
Applicant Information

Full Legal Name: _____

Preferred Name (if different): _____

Phone Number: _____

Email Address: _____

Mailing Address:

Education
Degree Earned (check one): ☐ BA ☐ BS ☐ RN ☐ MD ☐ DO ☐ Other: _____

Major / Field of Study: _____

Institution Name: _____

Graduation Date: _____

☐ Primary verification of education provided directly to Regional QA Specialist.
(Official verification directly from the institution or approved service, e.g., Parchment.)

Professional Experience
Applicants must have at least one year of experience working directly with persons with intellectual disabilities or other developmental disabilities.

Total Years of Relevant Experience: _____

☐ Resume attached.
(Must document experience meeting federal QDDP requirements.)

Professional References

Please list at least two professional references who can verify your experience.

Reference #1
Name: _____
Title/Organization: _____
Phone: _____
Email: _____

Reference #2
Name: _____
Title/Organization: _____
Phone: _____
Email: _____

Applicant Testament

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that submission of this application does not guarantee approval and that additional documentation may be requested by ADMH-DDD.

Applicant Signature: _____

Date: _____

For ADMH-DDD Use Only

☐ Qualifications Verified
☐ Approved to Proceed to QDDP Training
☐ Additional Information Requested

Reviewed by: _____

Date: _____