Legal Business Name:

I affirm that      , an [ ]  employee OR [ ]  subcontractor, shall be providing direct services to VR Participants as stated in the Service Specifications and meets the following qualifications:

[ ]  Will supervise the service, approve admission and progress reports, and meets one of the following:

[ ]  Hold a Bachelor’s Degree or Master’s Degree from an accredited University in a disability related field with links to Assistive Technology (i.e., Rehabilitation Counseling, Rehabilitation Engineering, Occupational Therapy, Physical Therapy, etc.) with at least two (2) years of professional experience working with individuals with disabilities in the field of Assistive Technology which includes, but is not limited to:

1. Analyzing the needs of individuals with disabilities;
2. Assisting in the selection of appropriate assistive technology based on the individual’s needs;
3. Providing training in the use of the selected devices;
4. Have a professional development plan to maintain their skills and maintain licensure or certification(s) in their field through Continuing Education.

 [ ]  Hold a Rehabilitation Engineering and Assistive Technology Society of North American (RESNA) certification or equivalent certification with at least two (2) years of professional experience working with individuals with disabilities in the field of Assistive Technology which includes, but is not limited to:

1. Analyzing the needs of individuals with disabilities;
2. Assisting in the selection of appropriate assistive technology based on the individual’s needs;
3. Providing training in the use of the selected devices;
4. Have a professional development plan to maintain their skills and maintain licensure or certification(s) in their field through Continuing Education.

[ ]  Will provide direct client services as an Assistive Technology Specialist, meeting the following:

1. Hold a certification in a disability related field;
2. Have at least two (2) years of professional experience working with individuals with disabilities;
3. Have at least one (1) year of professional experience working with individuals with disabilities in the field of Assistive Technology, including training on the use of selected devices;
4. Must be under the direction and supervision of personnel who meet the criteria in 2.3.1 above;
5. Have a professional development plan to maintain their skills and maintain licensure or certification(s) in their field through Continuing Education.

In signing below, I affirm that this person has the qualifications noted above and the documentation is on file with this business.

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Printed Name Title Date