

Direct Support Certificate Program Application

Name: _____ SSN _____

Address: _____

Phone: _____ Email: _____

Employer: _____

Address: _____

Direct Supervisor: _____ Phone: _____

Program Director: _____ Phone: _____

Your Job Title: _____

Hours worked/week: _____

How long have you been employed in Human Services? Years: _____ Months _____

Job Setting: Day Habilitation: ____, Vocational ____, Residential ____, Other ____

Describe your work responsibilities:

Education: GED ____ High School Diploma ____

College ____ Degree or # of credits ____

Or List College Courses completed: _____

Describe your reasons for applying to the Direct Support Certificate program?

*Applicant Signature: _____ Date: _____

*Direct Supervisor Signature: _____ Date: _____

**As the applicant's direct supervisor, I am aware of the requirements of the
Direct Support Certificate Program and fully support this application.*

***Return Application to:**

Susan Moriarty, Coordinator DSC
Quinsigamond Community College
670 West Boylston Street
Worcester, MA 01606 -2092

Questions:

Contact:
Susan Moriarty
508.854.7585
smoriarty@qcc.mass.edu