ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Developmental Disabilities

PREVENTION AND SUPPORT INSTRUCTOR RECERTIFICATION PACKET

NAME *(Last, First, M.I.)* _____ DATE OF APPLICATION _____

WORK PHONE NO. _____ EMAIL _____

LOCATION OF REQUESTED CLINIC _____ *DATE OF CLINIC* _____

BUSINESS ADDRESS (No., Street, Ste. No). _____

CITY _____ STATE _____ ZIP CODE _____

AGENCY NAME _____

CURRENT JOB TITLE AND DESCRIPTION _____

NUMBER OF PREVENTION AND SUPPORT CLASSES TAUGHT IN THE PAST 12 MONTHS _____

Do you offer provider training at multiple agencies? If so, please list:

As a courtesy, the Division occasionally provides a listing of places to contact for Prevention and Support classes. Does your agency offer classes to people who do not work for their agency? If so, would you like to be listed on the courtesy directory?

Agency Name _____ Contact Name _____

Contact Email _____ Website or Address _____

My top priorities for the instructor recertification clinic:

Additional Required Attachments:

Signed Instructor Responsibilities Agreement Attached? ☐ Yes ☐ No

Letter of Support and Agreement from Supervisor/Agency Attached? ☐ Yes ☐ No

Preferred Candidate Status:

After the initial one-year certification, Preferred Candidates may recertify every two years, instead of one.

I am currently an Article 9 instructor. (If yes, attach documentation.)	☐ Yes ☐ No
I teach 6 or more Prevention and Support classes annually.	☐ Yes ☐ No
I have observed the Program Review Committee review a minimum of 3 plans. (May include serving on the Committee. Does not include having your own agency plans reviewed.) Date _____ District _____	☐ Yes ☐ No

Send completed application and required attachments to dddstatewidetraining@azdes.gov.
If you have questions about completing this application, please contact the DDD Training Unit at 602-771-8125.

See page 4 for EOE/ADA/GINA/LEP disclosures

Prevention and Support Certified Instructor

Responsibilities and Requirements

Certification

I verify the instructor application packet I have submitted to the Division of Developmental Disabilities (DDD, the Division) is complete and accurate.

I will complete instructor training and certification, which will include the following:

- Completion of a DDD-approved Prevention and Support Instructor Clinic.
- Completion of an internship under supervision of a Lead Prevention and Support Instructor.
- Successfully conducting an entire Prevention and Support class, based upon the observation of a Lead Prevention and Support Instructor not employed by the same agency and the review of DDD Training Department staff.
- As a Prevention and Support instructor, I understand my initial certification will be valid for one year. Recertification is required through DDD.

Coordination with Lead Instructors and DDD

- I agree to allow periodic review and observation of my trainings by Lead Prevention and Support Instructors and or DDD Training staff.
- I will maintain my own records of training and certification and will provide copies of these records on request to DDD Training staff.
- I will submit course rosters to DDD within 30 days of course completion.
- I will notify DDD if I begin working for another agency or if my contact information changes.

Course Delivery

- I will provide in-person training utilizing only the standard Prevention and Support Curriculum provided by DDD. I understand that I may not make changes or add supplemental information to the curriculum.
- I will present the course information as stipulated in the curriculum through lecture, discussion, activities, demonstration, and video. I may also use the optional slide show.
- Training provided will be a minimum of six (6) to eight (8) hours depending on the number of students in class, including mandatory breaks and an hour for lunch.
- I understand the class maximum is 12 students, regardless of the number of instructors.

Course Testing

- I will administer the written test individually, allowing participants to use their course materials.
- I understand that I may make reasonable accommodations to administer the test to those persons who may have difficulty completing a written test, such as administering tests orally, using sign language interpreters, etc. I will consult with DDD Training staff as needed.
- Class participants must achieve a score of at least 80% to pass.
- Participants must successfully demonstrate all emergency physical intervention techniques within three attempts. For participants unable to complete the physical demonstration, but who successfully pass the written exam, an observer certificate may be issued.Participants who do not pass the class must retake the entire course.
- Prevention and Support certificates for participants are valid for three years.

I have read and agree to the requirements and responsibilities to maintain certification as a Prevention and Support instructor. I understand that failure to abide by these requirements can result in immediate revocation of my certification, and that my employer, contracting agencies and Division monitoring staff will be informed if this occurs.

Instructor's Name _____ Date _____

Agency _____

Supervisor's Name _____

Supervisor's Signature _____

Executive Director's Name _____

Executive Director's Signature _____

DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

Division of Developmental Disabilities

Prevention and Support Agency Letter of Support

- The instructor's decisions regarding passing and failing trainees will be respected and honored.
- The instructor will be allowed time to participate in related surveys, training and meetings as required by the Division of Developmental Disabilities.
- The instructor will be allowed adequate time for preparation of quality training.
- The instructors will be supported in following the approved curriculum, including 8 hours of classroom instruction with an additional hour for lunch. The maximum class size is 12 students.
- The agency understands that if the instructor does not fulfill the requirements and responsibilities of a certified Prevention and Support instructor, certification of the instructor can be suspended and/or removed.
- If an instructor's certification is suspended or removed, the agency must make other arrangements to assure that agency employees are trained in Prevention and Support by a certified instructor.

Instructor's Name _____ Date _____

Agency _____

Supervisor's Name _____

Supervisor's Signature _____

Executive Director's Name _____

Executive Director's Signature _____