



Professional Advancement through  
Training and Education in Human Services

**PATHS Candidate Registration Form- Agency Provider**

Name: \_\_\_\_\_ County: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female: \_\_\_\_\_

Ethnicity (Optional): Caucasian- non Hispanic \_\_\_\_\_ African American \_\_\_\_\_ Native American \_\_\_\_\_  
Hispanic \_\_\_\_\_ Asian \_\_\_\_\_ African \_\_\_\_\_ Other: \_\_\_\_\_

Home Address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Years of Experience as a Direct Support Professional (DSP): \_\_\_\_\_

Highest Level of Education: \_\_\_\_\_

Employer Organization: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Which address is the preferred address for the mailing of materials to the candidate?

(Circle one): **home** **work**

*Employer authorization – I certify that this candidate meets the following requirements:*

- Employee in good standing legally able to work in the United States
- Completed no less than 40 hours of related instruction (training relevant to his or her job as a DSP)
- Completed no less than 320 hours of experience as a DSP
- Copy of recent BCII Check is on file at organization
- Copy of recent High School Diploma or GED is on file at organization
- Attached Criminal Notification Statement is completed and signed

Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Organization's CEO (Please Print): \_\_\_\_\_

Signature of CEO: \_\_\_\_\_ Date: \_\_\_\_\_

OADSP use only:

- PATHS fee paid (if applicable)
- Candidate is approved for registry within the PATHS Program
- Candidate is not approved for registry within the PATHS Program

\_\_\_\_\_  
Signature of PATHS Regional Coordinator

\_\_\_\_\_  
Date