

Direct Support Professional
1290 Ridder Park Drive, MC 211
San Jose, CA 95131-2304

REGISTRATION FORM

DSP TRAINING/ CHALLENGE TEST

New Registration **Name Change**

If you are registering for the Challenge Test, please circle whether it's for Year 1 or Year 2.

CHALLENGE TEST: **Y1** **Y2**

DSP Year 1: _____ DSP Year 2: _____

Class Date: _____

Time: _____



Student/s should pass DSP-1 training before they can take DSP-2.

Instructor: _____

REGISTRATION INFORMATION

Student Name(s):

Name of Facility:

Vendor Code:

Phone Number:

Fax Number:

Address of Facility:

City

State

Zip Code

AUTHORIZATION INFORMATION

Administrator's Name:

Administrator's Signature:

Date Submitted:

Email Address:

**Please fill out this form completely and fax back to: (408) 453-3671.
Incomplete forms will not be processed. Thank you.**