



For and with people with developmental disabilities

2024-2025 NADSP Application

Last Name First Name Middle Initial

Current Position:

Department: Supervisor:

Date of Hire & Years of Service with The Arc Baltimore:

Preferred Phone Number: Email Address:

Please answer the following questions:

What about participating in the NADSP program appeals to you and what are you hoping to gain?

Four horizontal lines for text entry.

Briefly describe your current job responsibilities.

Four horizontal lines for text entry.

This program requires classwork and monthly homework. What plan will you put in place to stay on top of your programmatic requirements while also meeting the requirements of your job?

Four horizontal lines for text entry.



Contact information: contactus@thearcbaltimore.org, 7215 York Rd, Baltimore, MD 21212, www.thearcbaltimore.org, 410-296-2272 | fax 443-279-3430, MD Relay: 800-733-2258

I understand that the submission of this application does not guarantee my selection. I acknowledge that upon completion of this program, I am encouraged to commit to **at least one year** of employment with the agency.

I understand that as part of this program, I will be required to:

- Be employed with The Arc Baltimore for at least 6 months, be in good standing, and be current with all required training.
- Attend monthly, in person sessions, from 8:30 a.m. – 4:30 p.m. @ 7215 York Rd.
- Use a computer or other mobile device to participate in the program (access to computers are available at Arc locations).
- Dedicate time to studying, planning, writing, and completing training. This may sometimes result in unpaid time as this is for my own professional growth.
- Follow the NADSP Code of Ethics.
- Fulfill the program expectations to complete NADSP I, II, & III Certifications.

By signing below, I acknowledge that I understand and agree to the requirements and expectations of this program.

Applicant Signature

Date

Supervisor Endorsement:

I recommend this applicant for the NADSP Program. I am aware of and **grant approval** for the expected time required to participate in the program. I am committed to assisting this applicant in obtaining the necessary coverage to ensure their attendance and uninterrupted participation.

Supervisor Signature

Date

Applications are to be submitted by **August 23, 2024** via email to trainingdept@thearcbaltimore.org