**CERTIFICATION OF ATTENDANCE: DISCOVERY PROCESS WEBINAR**

By completing the information and signing below, I affirm that I viewed the TASH & ANCOR Discovery Process webinar featuring Teresa Callahan and Kevin Wright, either when it was screened live on August 29, 2018 or through the archive.

*DDS will accept participation in this training on Discovery to meet the requirement in the DDA Provider Training Procedure that “Owners-operators, executive staff and program managers of provider agencies in the Home and Community-Based Services Waiver for Individuals with Intellectual and Developmental Disabilities (“HCBS/IDD”) waiver program or Intermediate Care Facilities (“ICF”) are required to take training in . . . Supporting Community Integration (Discovery).*

*DDS will also accept participation in this series for Phase IV training.*

***Please PRINT legibly:***

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

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date I Viewed the Discovery Process Webinar: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe one thing you learned or would consider implementing in one of your programs from the webinar:

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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_