

# Developmental Specialist Attestation Form

Agency Name \_\_\_\_\_

Applicant Name \_\_\_\_\_ Applicant Email Address \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Supervisor Email Address \_\_\_\_\_

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## Attestation of Hire as a Developmental Specialist

I, \_\_\_\_\_ (supervisor name), attest that \_\_\_\_\_ (applicant name) has received an offer of employment at \_\_\_\_\_ (agency name) as a Developmental Specialist or is employed as a Developmental Specialist.

Applicant Date of Hire \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

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## Attestation of Intent to Arrange Evidence Based Practice Coaching (1-year DS applicants only)

Individuals who hold a 1-year Developmental Specialist certification are required to complete 12 months of Evidence-Based Practice Coaching, beginning within the first 6 months of hire as a Developmental Specialist. [Click here to learn more about Evidence-Based Practice Coaching.](#)

I, \_\_\_\_\_ (supervisor name), will arrange for and ensure that the applicant actively participates in 12 months of Evidence-Based Practice Coaching beginning within the first 6 months of employment as a Developmental Specialist.

We intend to use the following source for Evidence-Based Practice Coaching:

- OCALI
- Internal coach
- Other

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_