

ARIZONA DEPARTMENT OF ECONOMIC SECURITY – Rehabilitation Services Administration
Work Adjustment Training
AFFIRMATION OF QUALIFICATIONS

Vendor Company Name: _____

I affirm that _____, an ☐ employee OR ☐ subcontractor, shall be providing direct services to VR Clients as stated in the Service Specifications and meets the following qualifications:

- ☐ Will supervise the service, provide classroom instruction, or approve admission and progress reports and demonstrates knowledge and competence, by evidence of documented training and/or work experience, in the following areas, as appropriate:
 - a) Disabilities Awareness to include the following areas of impairment: deafness, blindness, physical, cognitive (learning disabilities), brain injury, developmental/cognitive, serious mental illness, etc.
 - b) Barriers and issues that prevent individuals with disabilities (particularly severe disabilities) from entering and succeeding in the workplace;
 - c) Strategies necessary for achieving successful, long-term employment outcomes for individuals with disabilities and how these strategies will lead to improved employment outcomes;
 - d) Work Readiness and Employability Skills.
- ☐ Will supervise the service, provide classroom instruction, or approve admission and progress reports and meets one (1) of the following:
 - ☐ Has a Master's Degree in a related field (e.g., Rehabilitation Counseling, Psychology, Sociology, Education, etc.) and documentation of one (1) year of full-time employment working with individuals with disabilities; or
 - ☐ Has a Bachelor's degree in a related field (e.g., Rehabilitation Counseling, Psychology, Sociology, Education, etc.) and documentation of two (2) years full-time employment in working with individuals with disabilities; or
 - ☐ Has a high school diploma or G.E.D. and documentation of five (5) years of full-time employment working with individuals with disabilities.
- ☐ Does not have the above qualifications, but will provide direct services under this Service Specification and has a high school diploma or G.E.D. and one (1) year of documented experience (preferably working with individuals with disabilities and involved in the provision of vocational rehabilitation services) and will be under the direction and supervision of personnel who meet the criteria in 2.3.1 of the Service Specification.
- ☐ Is communicating in American Sign Language while providing services directly to a VR Client and has one or more of the following certifications:
 - ☐ A valid Arizona Sign Language Interpreter license
 - ☐ Certification by the Registry of Interpreters for the Deaf (RID):
 - ☐ National Interpreter Certification (NIC) NIC, including NIC Advanced or NIC Master; or
 - ☐ Certified Deaf Interpreter (CDI). The CDI will be utilized alone or in conjunction with a hearing interpreter as necessary based on the VR Client's language needs; or
 - ☐ Certificate of Interpretation (CI); or
 - ☐ Certificate of Transliteration (CT); or
 - ☐ Comprehensive Skills Certificate (CSC); or
 - ☐ Interpreter Certification (IC); or
 - ☐ Transliteration Certificate (TC).
 - ☐ Certification by the Board for Evaluation of Interpreters: Basic, Advanced, Master, Court Interpreter Certificate.
 - ☐ Certification by the National Association of the Deaf (NAD), level IV or V.
 - ☐ A documented Sign Communication Proficiency Interview (SCPI) rating of Intermediate or above.

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☐ A valid and current American Sign Language Teacher's Certification (ASLTA), Qualified or Professional levels.

☐ Will be providing direct services to VR Clients under the Service Specifications in a foreign language and has basic competence in the subject language and is able to interpret effectively, accurately and impartially.

I affirm that this person has the qualifications noted above and the documentation is on file with this business.

Printed Name

Title

Date