



Improving lives THROUGH supports and services THAT FOSTER self-determination.

SELF-DIRECTED SUPPORTS  
 "POSITIVE BEHAVIORAL SUPPORT"  
 COLLEGE OF DIRECT SUPPORTS  
 ENROLLMENT REQUEST FORM

www.dmh.mo.gov/dd MISSOURI DEPARTMENT OF MENTAL HEALTH

If you are requesting training for Positive Behavior Supports through College of Direct Supports (CDS), then please complete the attached form and send it to Carol Dickneite, who is the site administrator at [Carol.Dickneite@dmh.mo.gov](mailto:Carol.Dickneite@dmh.mo.gov) . Once Carol receives the Training Enrollment Request, she will assign the training to each individual you wish to enroll. Please make sure to fill in all of the blanks and make sure that you have completed all of the information requested for each person you wish to enroll.

When the site administrator completes the enrollment process, the person enrolled, Individual/Designated Representative and Self-Directed Support Coordinator will all receive an email which provides step by step instructions on how the person enrolled will access the assigned modules through College of Direct Support.

Once all of the training is completed for the module, the person enrolled will email [Carol.Dickneite@dmh.mo.gov](mailto:Carol.Dickneite@dmh.mo.gov) that they have completed all of the assigned modules and are ready to receive their certificate of completion. Carol will review the transcript to ensure all modules have been completed before sending the certificate of completion. Certificate of Completion will be sent to the individual enrolled and the employer/designated representative. The Individual/Designated Representative must send a copy of the certificate to PPL as proof of training completion.

Date of Request: \_\_\_\_\_

Self-Directed Support Coordinator: \_\_\_\_\_ Region/Satellite: \_\_\_\_\_

Individual using SDS: \_\_\_\_\_ Email: \_\_\_\_\_

Designated Representative Name (if applicable): \_\_\_\_\_

Designated Representative Email: \_\_\_\_\_

**Please enroll my following employees into the CDS "POSITIVE BEHAVIORAL SUPPORT" class:**

First Name: _____ Last Name: _____	
Email: _____ Date Enrolled: _____	
Date Completed: _____	Certificate Emailed: _____

  

First Name: _____ Last Name: _____	
Email: _____ Date Enrolled: _____	
Date Completed: _____	Certificate Emailed: _____

  

First Name: _____ Last Name: _____	
Email: _____ Date Enrolled: _____	
Date Completed: _____	Certificate Emailed: _____