



**Referral Form\***  
To be trained as a Qualified Service Provider

TrainND Northeast of Lake Region State College provides training to individuals who want to become a Qualified Service Provider (QSP). QSP applications **and** the Document of Competency are reviewed by the Department of Human Services to determine qualification.

**Training Objectives**

- To provide training to individuals with the knowledge and skills necessary to provide personal care, respite care, or adult foster care.
- To provide training by a Registered Nurse.
- To provide the training at or near the applicant’s home community.

Printed Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_

Email Address \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_ Permission to Text \_\_\_\_\_

City/State/Zip \_\_\_\_\_ County \_\_\_\_\_

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

Referring Social Service Staff Name or HCBS Staff \_\_\_\_\_

**Please answer each of the following questions by checking the appropriate box:**

<input type="checkbox"/> New to apply for QSP status	OR	<input type="checkbox"/> Renewal of QSP status due by: _____
<input type="checkbox"/> Basic Standards Training only	OR	<input type="checkbox"/> Basic Standards & Global Endorsements
<input type="checkbox"/> Self Employed	OR	<input type="checkbox"/> Agency Staff

**If you need more information about the difference between Basic Standards and Global Endorsements, please call (701)662-1578 before mailing in this form.**

Do you have either a High School Diploma or a GED?  Yes  No

Are you currently on probation?  Yes  No

Is English your primary language?  Yes  No

If not, name and phone of interpreter \_\_\_\_\_

**\*A \$10.00 non-refundable processing fee to be paid by the QSP, must accompany all referral forms.**

**Mail this form and make checks payable to:**

**Lake Region State College**  
(Department of TrainND Northeast)  
1801 College Drive N  
Devils Lake ND, 58301