TEXAS Department of Assistive and Rehabilitative Services

Division for Blind Services

Contract Service Provider Staff Information Sheet

Complete the following information for each provider or staff member who provides services to DBS consumer. Use additional sheets as needed to provide complete information.

Contractor Information

Name:		Contract number:	
Address:			
Telephone:	City:	State:	ZIP Code:

Provider or Staff Member Information

Name:	Secondary language:
Position title:	Employment date:
Texas Drivers License number (if applicable):	Full-time or part-time:

Education
(List all educational achievements.)

GED:	Date received:
High School diploma:	Date received:
College or University:	
Degree awarded:	Date received:

Licenses and Certifications
(Attach a copy of each license and certification.)

License or Certificate type:
License or Certificate number:

Employment Experience

Employer:	Employed dates from	to
Nature of duties:		
Employer:	Employed dates from	to
Nature of duties:		
Employer:	Employed dates from	to
Nature of duties:		

Professional Organization Membership(s)	
List each membership currently held in a professional organization:	
I/We certify that the information on this form has been verified and the employer's personnel file includes documentation of the education and experience detailed above.	
Provider or staff member: **X**	Date:
Contractor (if applicable): **X**	Date: