

VERIFICATION OF GENERAL QUALIFICATIONS

This form must accompany the registration form for both those individuals who are taking the course and those applying to take the exam only.

Part A of this form should be completed by the director or administrator of the agency or facility where the applicant is employed to verify that the applicant meets the qualifications to become a certified investigator. **This part must be completed for everyone, both those taking the course and those requesting to test out.** For family members seeking to become a certified investigator, these qualifications should be verified by the county MR program in which the applicant chooses to be available to conduct investigations.

Part B of this form should also be completed for those applicants who wish to become a certified investigator by testing out of the OMR sponsored training. This form will verify that they have successfully completed an LRA program in the last three years in lieu of a certificate of completion issued by LRA. If a certificate is used to verify attendance, it should be attached to this form.

Part A. General Qualifications (To be completed by those taking the course and testing out)

This form is to certify that _____ meets the following
(Name of Applicant)
general qualifications to become a certified investigator:

- ___ Is a high school graduate
- ___ Is over 21 years of age
- ___ Meets the background requirements of the Older Adults Protective Services Act and the Child Protective Services Law

Signature of Agency Director or County Program Manager _____
Date

Agency/County MR Program Name

Part B. Verification of Completion of an LRA Course (For those who are applying to test out only)

Please attach a certificate of completion of an LRA course if you have one. If not, please complete the following.

This is to certify that the applicant attended an LRA program (i.e., that all days of the course were attended).

Dates of the training: _____

Location of the training: _____

Trainer's name (if known): _____

Signature of Agency Director or County Program Manager _____
Date

Agency/County MR Program Name