**DSP Council Application/Nomination Form**

**\* Applicant must provide direct support to persons with developmental disabilities.**

**Applicant/Nominee Name:**

**Title:**

**Email Address:**

**Phone Number:**

**Agency Name:**

**Agency Address:**

**Agency Phone Number:**

**Length of time in the field of DD:**

**In the gray space below, please describe why you, or the person you are nominating, would be an asset to the New Ohio Direct Support Professional Council. (The box expands when typed in.)**

**Please return this completed application to Bethany Toledo – OADSP Executive Director** **btoledo@oadsp.org**

**Thank you for your application/nomination!**