

We have received the Information and Training Specific (ITSP) for the following person:

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| --- | --- | --- |
| Click or tap here to enter text.  (Person’s Full Name) | Click or tap here to enter text.  (Provider Agency Name) | Click or tap here to enter text.  (Site Code) |
| Choose an item.  (Edition Type) | Click or tap to enter a date.  (ITSP Effective Date) | Click or tap to enter a date.  (ITSP Amended Date) |

By signing and dating below, I confirm that I have read and understand the provided Training Specific Information including but not limited to the person’s Individual Support Plan (ISP), Enabling Technology Plan (ETP), Individualized Remote Support protocols, and any other person-specific information provided by the person’s Circle of Support.

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| **Print Name** | **Position Title** | **Signature** | **Date** |
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Technology Vendor Site Supervisor Signature Date

Click or tap here to enter text.

(Technology Vendor Contact Information)