

**HCBS/TBI Waiver
TLS Specialist Certification Acknowledgment**

Last Name: _____

First Name: _____

TLS Certification Test Scores

Please record the number of correct questions for each module and the total score.

Module 1: _____ of 5

Module 2: _____ of 7

Module 3: _____ of 5

Module 4: _____ of 4

Module 5: _____ of 6

Module 6: _____ of 6

Module 7: _____ of 10

Module 8: _____ of 3

Module 9: _____ of 2

Total score: _____ of 48

I verify that the preceding is true and correct and that I hold the proper authority as a representative of _____ to execute this acknowledgment. (case management agency)

Signature

Date

Send to the TBI Program Manager:

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SRS/HCP/CSS
DSOB 9th Fl. East
915 Harrison

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