



# Indiana First Steps Credentialing Extension Request

First Steps may consider a time extension for an annual credential if exceptional circumstances are present. “Exceptional circumstances” means events or situations that are unusual or extreme; unforeseen; outside the provider’s control; and that have a significant impact on the provider’s ability to renew their credential within the specified year. Submit this form to First Steps at [FirstStepsWeb@fssa.in.gov](mailto:FirstStepsWeb@fssa.in.gov).

Provider Information	
<input type="text"/>	<input type="text"/>
Name	Annual credential date
<input type="text"/>	<input type="text"/>
Agency	Discipline
<input type="text"/>	<input type="text"/>
Phone	Email

Extension Request
Extension requests must be reviewed and signed by your SPOE or provider agency director.
<b>Justification</b> (tell us why you need an extension): ----- ----- ----- ----- ----- -----
<b>Anticipated compliance date</b> (tell us when you will renew your credential):

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SPOE/Agency Director Name: \_\_\_\_\_

SPOE/Agency Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_