



# Indiana First Steps Developmental Therapy End of Supervision

This form must be completed by the supervising provider and signed by both parties. This form must be submitted with an updated Personnel Information Form, to be completed by the developmental therapist being released from supervision.

This form and any required supporting documentation must be emailed to Public Consulting Group Provider Enrollment Management (PEM) Team at:  
Email: [ineihubenroll@pcgus.com](mailto:ineihubenroll@pcgus.com) | Phone: 1-877-552-1065

## DT End of Supervision Checklist

- Provider has completed at least one year of supervision
- 12 monthly supervision reports are on file with the provider agency
- Updated Personnel Information Form is attached

| Provider and Supervisor Information      |   |
|--|---|
| <input type="text"/>                     | Agency  |
| <input type="text"/>                     | Clusters/counties served                      |
| <input type="text"/><br>Provider name    | <input type="text"/><br>Provider discipline   |
| <input type="text"/><br>Supervisor name  | <input type="text"/><br>Supervisor discipline |
| <input type="text"/><br>Provider phone   | <input type="text"/><br>Provider email        |
| <input type="text"/><br>Supervisor phone | <input type="text"/><br>Supervisor email      |

**Demonstrated Competence**

Please explain why the provider is being recommended for release from supervision, including how the provider has demonstrated early intervention competence in the field during the supervision period.

Lined area for writing the response.

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

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_