



Indiana First Steps Application for Initial Credential

Name:

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

Initial credential checklist

- Initial credential form with signed attestation statement (page 3)
- Signed agreement with the Division of Disability and Rehabilitative Services (12 months current)
- Limited criminal history from Indiana State Police (12 months current)
- National Provider Identifier (NPI) (required for all providers)
- Copy of license (licensed providers only)
- Liability insurance certificate (all providers)
- Copy of certification (if applicable; e.g. SKI-HI)
- Signed supervision agreement (page 3) (if applicable)
- End of supervision recommendation for DTA (if applicable)

Role		
<input type="checkbox"/> Service or intake coordinator	<input type="checkbox"/> Service provider	<input type="checkbox"/> Assessment/evaluation team
<input type="checkbox"/> Agency director	<input type="checkbox"/> SPOE director	

Prior Convictions
Have you ever been convicted* of a crime other than a minor traffic violation?
<input type="checkbox"/> Yes <input type="checkbox"/> No

*Convicted means you were declared guilty by a judge or you pleaded guilty in a court of law.
Answering yes to this question does not automatically disqualify an individual from working in First Steps.

Personnel Information

This section is required.

My information has changed since enrollment

<input type="text"/>	<input type="text"/>
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Name

Email address

<input type="text"/>

Previous name (if name change)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Phone

Discipline

Second discipline*

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Professional license type*

License number*

License expiration*

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Liability insurance agency

Ins. policy number

Ins. expiration

<input type="text"/>	<input type="text"/>
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Current criminal history inquiry date

NPI number

*If applicable

Required Trainings for Initial Credential

Please list the date you completed each training below.

Proof of training completion must be kept on file for a period of 7 years.

DSP 101 or SC 101

DSP 102/103 or SC 102/103

Professional boundaries and ethics in home visiting

The science of infant brain development

The AEPS part 1

The exit skills checklist training

Supervision Agreement

Required for COTA and PTA only. DTA status may be extended at the discretion of the provider agency. The supervising provider must sign this section and attach a copy of their license and First Steps credential.

Supervisor's license attached Supervisor's First Steps credential attached

Supervisor's name

Supervisor's discipline

Supervisor's phone

Supervisor's email

Supervisor's license number

Supervisor's signature

Date

Attestation Statement: I hereby swear or affirm under penalty of disenrollment from First Steps that I understand and meet the requirements for providing First Steps services and that the information I am submitting is true and correct to the best of my knowledge.

Name (please print) _____

Signature _____ Date _____