



# Indiana First Steps Annual Credential Form

Name:

This form and any required supporting documentation must be emailed to Public Consulting Group Provider Enrollment Management Team at:

Email: [ineihubenroll@pcgus.com](mailto:ineihubenroll@pcgus.com) | Phone: ☎☎☎

## Annual credential checklist

- Annual credential form with signed attestation statement (page 3)
- Signed agreement with the Division of Disability and Rehabilitative Services (12 months current)
- Current limited criminal history from Indiana State Police (12 months current)
- National Provider Identifier (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 2) (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 or initial credential.

Name

Email address

Previous name (if name change)

Phone

Discipline

Second discipline\*

Professional license type\*

License number\*

License expiration\*

Liability insurance agency

Ins. policy number

Ins. expiration

Current criminal history inquiry date

NPI number

\*If applicable

## Supervision Agreement

Required for COTA and PTA.

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

### My Trainings

Duplicate this page as needed. 15 hours of professional development related to early intervention are required.

	DATE	TYPE OF TRAINING	HOURS	COMPETENCY AREA
1)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TITLE OF TRAINING: <input type="text"/>				
2)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TITLE OF TRAINING: <input type="text"/>				
3)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TITLE OF TRAINING: <input type="text"/>				
4)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TITLE OF TRAINING: <input type="text"/>				
5)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TITLE OF TRAINING: <input type="text"/>				
6)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TITLE OF TRAINING: <input type="text"/>				
7)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TITLE OF TRAINING: <input type="text"/>				
8)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TITLE OF TRAINING: <input type="text"/>				
9)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TITLE OF TRAINING: <input type="text"/>				
10)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TITLE OF TRAINING: <input type="text"/>				
TOTAL HOURS:			<input type="text"/>	

**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 \_\_\_\_\_