



**Indiana First Steps
Supervision Agreement**

RESET

Name:

This form and any required supporting documentation must be emailed to Public Consulting Group
Provider Enrollment Management Team at:
Email: ineihubenroll@pcgus.com | Phone: 877-522-1065

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												
<table border="1"> <tr> <td colspan="2">Supervisor's name</td> <td colspan="2">Supervisor's discipline</td> </tr> <tr> <td colspan="2">Supervisor's phone</td> <td colspan="2">Supervisor's email</td> </tr> <tr> <td colspan="2">Supervisor's signature</td> <td colspan="2">Date</td> </tr> </table>		Supervisor's name		Supervisor's discipline		Supervisor's phone		Supervisor's email		Supervisor's signature		Date	
Supervisor's name		Supervisor's discipline											
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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 _____

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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	

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Name (please print) _____

Signature _____ Date _____