



Indiana First Steps Application for Enrollment & Personnel Information Form

This form and any required supporting documentation must be emailed, faxed, or mailed to the First Steps Central Reimbursement Office (CRO) at:

[REMOVED]

Enrollment checklist

- ☐ Enrollment form with signed attestation statement (page 3)
- ☐ Signed agreement with the Division of Disability and Rehabilitative Services
- ☐ Limited criminal history check 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 official transcript showing coursework and proof of graduation
(developmental therapists, B/LV specialists, D/HH specialists, and service coordinators)
- ☐ Copy of certification (if applicable; e.g. SKI-HI)
- ☐ Signed supervision agreement (page 3) (if applicable)

Additional checklist for independent providers*

- ☐ W9
- ☐ EFT/Direct Deposit
- ☐ Online Billing Access Enrollment Form

* Independent providers means audiologists, interpreters, orientation/mobility specialists, physicians, psychologists, registered dietitians, registered nurses, licensed clinical social workers, and vision specialists (ophthalmologists and optometrists) unless the provider will be working for a SPOE or First Steps provider agency.

Form Type☐

Enrollment

☐

Change of information

Enrollment Type

Dual refers to enrollment with more than one provider agency or SPOE.

If you are enrolling with more than one agency or SPOE, select Dual and complete page 3 for each agency/SPOE.

If you are enrolling under multiple service disciplines, you can indicate this in the Personnel Information section.

☐

With SPOE

☐

With provider agency

☐

Independently

☐

Dual

Prior Convictions

Have you ever been convicted* of a crime other than a minor traffic violation?

☐

Yes

☐

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☐

New information

☐

Change of information

Name

Email address

Previous name (if name change)

Phone

Select one...

Discipline

Select one...

Second discipline*

Professional license type*

License number*

License expiration*

Select one...

Degree type*

Degree institution*

Degree description*

Liability insurance agency

Ins. policy number

Ins. expiration

Current criminal history inquiry date

NPI number

*If applicable (see checklist for clarification)

Billing Information

Complete only if you are enrolling with a SPOE or provider agency.

If you are enrolling with more than one agency or SPOE, complete this page for each agency/SPOE.

SPOE or provider agency name

SPOE or provider agency phone

SPOE or provider agency fax*

SPOE or provider agency billing address

Group NPI number*

*If applicable

Independent Provider Billing Information

Required for independent providers if billing information is different from Personnel Information section on page 2.

Payee name

Payee billing address

Payee phone

Payee fax*

Group NPI number*

*If applicable

Supervision Agreement

Required for COTA, DTA, and PTA, OT and PT with temporary licenses, and SLP-CFY.

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 _____



Indiana First Steps Application for Initial Credential

This form and any required supporting documentation must be emailed, faxed, or mailed to the First Steps Central Reimbursement Office (CRO) at:
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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

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

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_____



Indiana First Steps Annual Credential Form

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This form and any required supporting documentation must be emailed, faxed, or mailed to the First Steps Central Reimbursement Office (CRO) at:
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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 (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)

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 checked="" type="radio"/> Yes <input type="radio"/> 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

Select one...

Discipline

Select one...

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

	DATE	TYPE OF TRAINING	HOURS	COMPETENCY AREA
1)	<input type="text"/>	Select one...	<input type="text"/>	Select one...
TITLE OF TRAINING: <input type="text"/>				
2)	<input type="text"/>	Select one...	<input type="text"/>	Select one...
TITLE OF TRAINING: <input type="text"/>				
3)	<input type="text"/>	Select one...	<input type="text"/>	Select one...
TITLE OF TRAINING: <input type="text"/>				
4)	<input type="text"/>	Select one...	<input type="text"/>	Select one...
TITLE OF TRAINING: <input type="text"/>				
5)	<input type="text"/>	Select one...	<input type="text"/>	Select one...
TITLE OF TRAINING: <input type="text"/>				
6)	<input type="text"/>	Select one...	<input type="text"/>	Select one...
TITLE OF TRAINING: <input type="text"/>				
7)	<input type="text"/>	Select one...	<input type="text"/>	Select one...
TITLE OF TRAINING: <input type="text"/>				
8)	<input type="text"/>	Select one...	<input type="text"/>	Select one...
TITLE OF TRAINING: <input type="text"/>				
9)	<input type="text"/>	Select one...	<input type="text"/>	Select one...
TITLE OF TRAINING: <input type="text"/>				
10)	<input type="text"/>	Select one...	<input type="text"/>	Select one...
TITLE OF TRAINING: <input type="text"/>				
TOTAL HOURS:			<input type="text" value="0.00"/>	

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 _____