



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: ineihub enroll@pcgus.com | Phone: 877-522-1065

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 _____