

## DEMOGRAPHIC INFORMATION

Enter your first, middle, and last names as they appear on your license/certification

First Name	<input type="text"/>	Primary Phone	<input type="text"/>
Middle Name	<input type="text"/>	Alternate Phone	<input type="text"/>
Last Name	<input type="text"/>	Confidential Fax	<input type="text"/>
Preferred Name	<input type="text"/>	Email	<input type="text"/>
Mailing Address	<input type="text"/>		
	<input type="text"/>	VA	<input type="text"/>
City	State	Zip Code	
<input type="button" value="Save"/> <input type="button" value="Cancel"/>			

## DISCIPLINES & QUALIFICATIONS

Disciplines (+)

Discipline		
Occupational Therapist	<a href="#">Qualifications</a>	<a href="#">Delete</a>

Qualifications (+)

Qualification	<input type="text" value="Licensure as Occupational Therapist by the Virginia Board of Medicine"/>
License Number	<input type="text" value="Licensure as Occupational Therapist by the Virginia Board of Medicine"/>
Expiration Date	<input type="text"/>
<input type="button" value="Save Qualification"/> <input type="button" value="Cancel"/>	

## EARLY INTERVENTION CERTIFICATION APPLICATION

Early Intervention Certification Requested (+)

Initial  Renewal

Certification Type	<input type="text" value="Select a Certification Type"/>
	<input type="text" value="Select a Certification Type"/>
	<input type="text" value="Early Intervention Professional"/>

**EARLY INTERVENTION CERTIFICATION APPLICATION**

Early Intervention Certification Requested (+)

Certification Type	
Initial	Early Intervention Professional 1 <a href="#">Requirements</a> <a href="#">Delete</a>

**Required Continued Education Activities**

	Training	Date Competency Test Passed
<a href="#">Edit</a>	Child Development	01/01/2009
<a href="#">Edit</a>	Family Centered Services	01/01/2009
<a href="#">Edit</a>	Service Pathway	01/01/2009
<a href="#">Edit</a>	Practitioner Requirements	01/01/2009

[Next](#) [Cancel](#)

**Assurances**

	No	Yes
I have read, understand and agree to abide by Part C Regulations and Virginia Part C requirements including the Infant & Toddler Connection of Virginia Practice Manual.	<input type="radio"/>	<input type="radio"/>
I understand that I may not, and agree that I will not provide early intervention services in Virginia until I have been notified that my application for certification has been approved by the Infant & Toddler Connection of Virginia.	<input type="radio"/>	<input type="radio"/>
I understand that I must coordinate early intervention services I provide with each child's service coordinator/IFSP team.	<input type="radio"/>	<input type="radio"/>
I understand that I must establish a contract or otherwise arrange for services with a local lead agency if necessary to allow for exchange of Part C funds, unless I am an employee or contractor with a provider agency that contracts with or otherwise arranges for services with a local lead agency as necessary for exchange of Part C Funds.	<input type="radio"/>	<input type="radio"/>
I understand that I must provide to the Part C System (Local Lead Agency or State Lead Agency) revenue information and other data required by the Part C System for children within the Part C system for whom I provide services (unless I am an employee or contracted with a provider agency that provides this information for me to the Part C System).	<input type="radio"/>	<input type="radio"/>
I understand that Part C funds are used only as "payor of last resort" and to meet this requirement, services must be provided by providers in the family's payor network unless there are no available providers in their network.	<input type="radio"/>	<input type="radio"/>
The information I have provided is complete and accurate.	<input type="radio"/>	<input type="radio"/>

**Acknowledgements**

I understand that I must retain documentation of my successful completion of the training requirements for this certification until the issuance of my renewal certification.

I understand that in order to bill Medicaid and other third party payors I must complete the application process required by Medicaid and other third party payors or establish a relationship with an agency that will do the billing for my services.

I understand that once I am certified as a practitioner for the Infant & Toddler Connection of Virginia, my name, credentials, business contact information, locations served, general work schedule, and professional areas of interest and expertise will be made public.

I understand the early intervention rate incorporates the total cost of providing the face-to-face service including travel time and costs, documentation, supervision, training, billing, and support staff time, in addition to the personnel costs for the individual providing the direct service.

Practitioner Signature

Signature Date

**A typed signature serves as an electronic signature and will be accepted as a valid and binding signature.**

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