



Infant & Toddler Connection of Virginia
Early Intervention Certification Application

Section One: Demographic Information

Practitioner Information		
<i>Applicant's Name (as it appears on license or certificate)</i>	<i>Preferred Name</i>	<i>Application Date</i>
<i>Primary Phone</i>	<i>Applicant's Alternate Phone</i>	<i>Confidential Fax</i>
<i>Email (required)</i>		
Agency Information		
<i>Agency Name</i>		
	<i>Agency Phone</i>	<i>Web Address</i>
<i>Agency Address</i>	<i>Agency City, State, Zip</i>	
<i>Physical Address</i>	<i>Physical Location City, State, Zip</i>	

Section Two: Qualifications-Disciplines with Related Certifications and/or Licensures

Discipline	License or Certification	License #	Exp Date

Section Three: Early Intervention Certification Requested

	<i>Initial</i>	<i>3 Year Renewal</i>	<i>Certification</i>
	<input type="checkbox"/>	<input type="checkbox"/>	Early Intervention Professional
	<input type="checkbox"/>	<input type="checkbox"/>	Early Intervention Specialist
	<input type="checkbox"/>	<input type="checkbox"/>	Early Intervention Service Coordinator

Section Four: Satisfactory Completion of Required Early Intervention Training

Initial Certification	Training	Date Competency Test Was Passed
	Child Development	
	Family Centered Services	
	Service Pathway	
	Practitioner Requirements	

3-Year Certification	Name of Training or Training Activity	Sponsor	Type 1 or Type 2	Number of Hours	Date	Check all that apply:			
						Evidenced Based Practices	Changes in Fed or State law, regs, or practice requirements	Identified on Personal Development Plan	Needed For New Responsibilities



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NO YES

Section Five: Assurances

1. The information I have provided is complete and accurate.	<input type="checkbox"/>	<input type="checkbox"/>
2. 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="checkbox"/>	<input type="checkbox"/>
3. I understand that I may not, and agree that I will not provide early intervention services in Virginia after October 1, 2009 until I have been notified that my application for certification/re-certification has been approved by the Infant & Toddler Connection of Virginia.	<input type="checkbox"/>	<input type="checkbox"/>
4. 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="checkbox"/>	<input type="checkbox"/>
5. I understand that I must provide to the local 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 local lead agency).	<input type="checkbox"/>	<input type="checkbox"/>
6. I understand that I must coordinate early intervention services I provide with each child's service coordinator/IFSP team.	<input type="checkbox"/>	<input type="checkbox"/>
7. 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="checkbox"/>	<input type="checkbox"/>

Section Six: 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 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 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 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: _____

Date: _____