



# Indiana First Steps Application for Initial Credential

Name:

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

Indiana First Steps Provider Enrollment c/o CSC

P.O. Box 29160 | Shawnee Mission, KS 66201-9160

Email: [infsenroll@dxc.com](mailto:infsenroll@dxc.com) | Fax: 913-888-6683 | Phone: 1-866-339-9595 option 2

## 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 \_\_\_\_\_