**North Carolina Infant-Toddler Program (ITP)/Early Intervention Section Office**

**Infant, Toddler and Family Certification Verification**

**Children’s Developmental Services Agency (CDSA)**

**Name of ITP Provider Agency, if applicable:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | I attest that all employees or subcontractors of my agency who are providing  **Community-Based Rehabilitative Services (CBRS)/Special Instruction (SI)**  **Early Intervention Service Coordination (EISC)** services under the NC Infant-Toddler Program (ITP) have completed all renewal credit requirements and the Infant, Toddler, and Family Certificate (ITFC) is current for all staff (unless specified below in Table 2).  I have reviewed documentation of continuing professional development for each and confirmed (please initial below):   1. (*initials*) Each has at least ten (10) contact hours of continuing professional development training from an **ITP approved source** ([Continuing Professional Development Approved Entities](https://www.ncdhhs.gov/divisions/child-and-family-well-being/north-carolina-infant-toddler-program-nc-itp/nc-itp-providers#CertificationandMaintenance-4463) list) 2. (*initials*) The completed [Documentation of Continuing Professional Development](https://www.ncdhhs.gov/divisions/child-and-family-well-being/north-carolina-infant-toddler-program-nc-itp/nc-itp-staff#NCITPCertificationMaintenance-4429) forms and supporting documentation are kept on file as this information may be requested by the Infant-Toddler Program (CDSA/Early Intervention Section Office) for monitoring purposes at any time.  * Provider Agency Directors, CDSA Directors, and CDSA Director’s Designees that have ITFC must not review themselves. Another CDSA Director or Designee or Provider Agency Director will need to complete the review of their completed **Documentation of Continuing Professional Development Form** and certificates.   The **Provider Agency Director** will:   * Notify the CDSA Director or designee immediately upon any finding of non-compliance with ITFC requirements. (Employees/subcontractors **not** in compliance with ITFC requirements will **not** be permitted to provide CBRS/SI services to children in the NC ITP.) * **Submit this completed form to the CDSA Director or designee by January 5th, annually (unless CDSA specifies earlier date).**   The **CDSA Director or designee** will   * Review forms from Provider Agency Directors and follow-up on issues of noncompliance. * Notify the NC ITFC State Lead immediately upon any finding of non-compliance with ITFC requirements for CDSA EISCs and CBRS/SI Providers. (Employees/subcontractors **not** in compliance with ITFC requirements will **not** be permitted to provide service coordination and CBRS/SI services to children in the NC ITP.) * **Email completed form with CDSA EISC information to [**[**DHHS\_ITP.Certification@dhhs.nc.gov**](file:///\\WV5DPHSIXFP01P.eads.ncads.net\HOME\kdtakas\My%20Documents\TA%20Team\Krystal\DHHS_ITP.Certification@dhhs.nc.gov)**] by January 7th, annually** | | | |
|  |  |  |  | |
|  |  |  |  |  |
|  | Signature  Printed Name of Provider Agency Director:  Printed Name of CDSA Director:  Printed Name of CDSA Director’s Designee: |  | Date of Signature |  |

**Please list the individuals you are reporting on page 2.**

**Table 1: ITFC Maintained**

The individuals listed are in compliance with NC ITFC requirements:

**Employee Name(s)** (type)

|  |  |
| --- | --- |
|  |  |

**Table 2: ITFC Not Maintained**

(Employees/subcontractors **not** in compliance with ITFC requirements will **not** be permitted to provide service coordination and CBRS/SI services to children in the NC ITP.)

The individuals listed below are **NOT** in compliance with NC ITFC requirements:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employee Name** | **Provider Agency Name**  (if applicable) | **# of contact hours needed to meet requirements** | **Reason for not maintaining ITFC** | **Other CDSAs the Provider Agency is contracted with**  (if applicable) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**CDSA Only:** Individuals listed in Table 2 above need to be added to the[**CDSA-Provider ITFC Verification.Maintenance**](https://ncconnect.sharepoint.com/:x:/r/sites/NorthCarolinaInfant-ToddlerProgram/Shared%20Documents/Certification%20Verification/CDSA-Provider%20ITFC%20Verification.Maintenance.xlsx?d=w140b7a997c784c9083957503288c48dc&csf=1&web=1&e=SNYUhL&xsdata=MDV8MDJ8a3J5c3RhbC5kYXZpc0BkaGhzLm5jLmdvdnxkYTJlMDRkMGQzZGY0MjFkYjE4MDA4ZGQzMWE5MjNhMXw3YTc2ODFkY2I5ZDA0NDlhODVjM2VjYzI2Y2Q3ZWQxOXwwfDB8NjM4NzIxMzI0Njg5MzUzMzA4fFVua25vd258VFdGcGJHWnNiM2Q4ZXlKRmJYQjBlVTFoY0draU9uUnlkV1VzSWxZaU9pSXdMakF1TURBd01DSXNJbEFpT2lKWGFXNHpNaUlzSWtGT0lqb2lUV0ZwYkNJc0lsZFVJam95ZlE9PXwwfHx8&sdata=Nm9PTUxMbTJqNmRwd3dzU1FTWjZRdFVSVlN4NUcwVWNNN3VHRGFQcnJCaz0%3d)EXCEL spreadsheet under the “Maintenance Issues” tab.  An update to an individual’s ITFC status does not require an update to this form but must be updated on the **CDSA-Provider ITFC Verification.Maintenance** spreadsheet. If the document access is restricted, contact the ITFC State Lead.

**Please keep this form on file at CDSA.**