Date of Application: _____

NC Infant-Toddler Program
Potential Service Provider Application
Children's Developmental Services Agency

If a Service Provider is terminated for cause with any CDSA, the Service Provider may not reapply to become a North Carolina Infant-Toddler Program Service Provider for one calendar year from the date of termination. A remediation plan must be submitted and approved by the CDSA at the time of reapplication to ensure violations which resulted in termination will not recur.

Section A

Name of Provider Agency:	Federal Tax ID Number:
Primary Contact Person: Title: Email:	Alternate Contact Person: Title: Email:
Agency Mailing Address:	Company National Provider Identifier (NPI) Number:
Telephone Number: (_____) _____ - _____	Cell Phone Number: (_____) _____ - _____
Geographic Service Areas/Counties:	
Will you provide flexible appointment times beyond 8am-5pm Monday through Friday upon request? ☐ Yes ☐ No Comments:	
Where do you provide services? Check all that apply: ☐ Home ☐ Community Setting ☐ TeleServices ☐ Child Care Center ☐ Office/Clinic	
I would be interested in providing the following types of services (check box to select):	☐ Audiology Services ☐ Family Training, Counseling and Home Visiting Services ☐ Health Services ☐ Medical Services ☐ Nursing Services ☐ Nutrition Services ☐ Occupational Therapy ☐ Physical Therapy ☐ Psychological Services ☐ Sign Language and Cued Language Services ☐ Social Work Services ☐ Special Instruction (CBRS) ☐ Speech-Language Therapy ☐ Vision Services

Are any staff members bilingual? ☐ Yes ☐ No If yes, please specify language(s):
Are you able to provide any foreign language and/or sign language interpreters for non-English speaking/deaf or hard of hearing? ☐ Yes ☐ No
Do you have a Provider Agreement in place with any other CDSA(s)? ☐ Yes ☐ No If yes, please list the CDSA(s):
Has a CDSA terminated a Provider Agreement with your agency? ☐ Yes ☐ No If yes, which CDSA(s) and why:
Have you previously completed a Potential Service Provider Application and the CDSA determined you were not approved to continue with the application process? ☐ Yes ☐ No If yes, which CDSA(s)? Please explain:
Are you currently completing this application process with another CDSA? ☐ Yes ☐ No If yes, please indicate which CDSA(s):
Are you currently enrolled with NCTracks? ☐ Yes ☐ No
Please list any insurances and specify if you are currently enrolled or in the process of enrolling:

Section B

FOR CBRS PROVIDERS ONLY:

Do the individuals who will provide CBRS currently hold *NC Infant Toddler & Family Certification*?
☐ Yes ☐ No

If yes, please include either:

- A copy of the Infant, Toddler, and Family Certification Approval Letter (for newly certified individuals)
- Their most recent *Documentation of Continuing Professional Development* form (if not newly certified)

If not, please list the degrees held by each individual:

1. Name: _____ Degree: _____
2. Name: _____ Degree: _____
3. Name: _____ Degree: _____
4. Name: _____ Degree: _____
5. Name: _____ Degree: _____

Section C

1. Have any complaints been registered with your licensing board that resulted in action taken against you [if you are a licensed practitioner] or against any of the direct service providers employed by you? ☐ Yes ☐ No

   If yes, please explain fully and provide any relevant documentation

2. Has your organization been sued under its professional liability insurance in the past five years? ☐ Yes ☐ No

   If yes, please explain fully and provide any relevant documentation

3. Has your organization or any direct service provider ever been sanctioned or excluded by the Division of Medical Assistance (DMA)? ☐ Yes ☐ No

   If yes, please explain fully: and provide any relevant documentation:

4. Has your organization ever been prosecuted for fraudulent insurance and/or Medicaid claims, false statements or documents, or misrepresentation or concealment of material fact? ☐ Yes ☐ No

   If yes, please explain fully and provide any relevant documentation

Note: *Criminal record checks are required for all direct-service providers prior to serving CDSA clients.*

Section D

1. Describe how you will ensure that services are provided using natural learning environment strategies in the context of families' daily routines and activities, including how families will be involved in the provision of services.
2. Describe your internal quality improvement process.
3. Describe how you demonstrate respect for cultural diversity of children and families.
4. Do you/your staff who will be providing direct services have experience working with infants and toddlers with special needs? ☐ Yes ☐ No
5. How will you ensure continuing, relevant professional development for you/your staff?

Printed Name of Authorized Representative

Name of Service Provider Organization

Signature of Authorized Representative

Date of Signature

Thank you.

Your application will be reviewed, and you will receive notification of your eligibility to continue with the application process within thirty days.