

**SERVICE PROVIDER ROSTER**

Name of Service Provider Agency _____			
I certify that this is a complete roster of all employees or subcontractors of my agency who are or will be providing services to infants, toddlers and families enrolled with the N.C. Infant-Toddler Program (N.C. ITP). I further certify that all employees / subcontractors listed below have the requisite current licensure and/or certification and shall maintain such licensure / certification to remain employed or serve as subcontractors for providing services to infants, toddlers and families enrolled in the N.C. ITP. If I employ new staff / subcontractors, I shall submit to the CDSA the additional names and licensure information for new staff / subcontractors along with copies of current licenses/certifications and signed Confidentiality Statement(s) within (2) business days of their employment.			
_____ Printed Name of CEO or Owner of Service Provider Agency			
_____ Signature		_____ Date of Signature	
Employee / Subcontractor Name / Job Title	Training	Indicate Licensure or Certification and Expiration Date (if applicable)	Assigned Counties / Zip Codes
1. _____ [Name]	Roster Date _____ Coaching Webinars or Coaching Book & Quiz Date _____	[Licensure or Certification]	
_____ [Job Title] Can you provide Teletherapy? Y <input type="checkbox"/> / N <input type="checkbox"/>	Coaching Putting It Into Practice Training Date _____	[Expiration Date]	
2. _____ [Name]	Roster Date _____ Coaching Webinars or Coaching Book & Quiz Date _____	[Licensure or Certification]	
_____ [Job Title] Can you provide Teletherapy? Y <input type="checkbox"/> / N <input type="checkbox"/>	Coaching Putting It Into Practice Training Date _____	[Expiration Date]	
3. _____ [Name]	Roster Date _____ Coaching Webinars or Coaching Book & Quiz Date _____	[Licensure or Certification]	
_____ [Job Title] Can you provide Teletherapy? Y <input type="checkbox"/> / N <input type="checkbox"/>	Coaching Putting It Into Practice Training Date _____	[Expiration Date]	
4. _____ [Name]	Roster Date _____ Coaching Webinars or Coaching Book & Quiz Date _____	[Licensure or Certification]	
_____ [Job Title] Can you provide Teletherapy? Y <input type="checkbox"/> / N <input type="checkbox"/>	Coaching Putting It Into Practice Training Date _____	[Expiration Date]	
5. _____ [Name]	Roster Date _____ Coaching Webinars or Coaching Book & Quiz Date _____	[Licensure or Certification]	
_____ [Job Title] Can you provide Teletherapy? Y <input type="checkbox"/> / N <input type="checkbox"/>	Coaching Putting It Into Practice Training Date _____	[Expiration Date]	

Employee / Subcontractor Name / Job Title	Training	Indicate Licensure or Certification and Expiration Date (if applicable)	Assigned Counties / Zip Codes
6. _____ [Name] _____ [Job Title] Can you provide Teletherapy? Y <input type="checkbox"/> / N <input type="checkbox"/>	Roster Date _____ Coaching Webinars or Coaching Book & Quiz Date _____ Coaching Putting It Into Practice Training Date _____	_____ [Licensure or Certification] _____ [Expiration Date]	
7. _____ [Name] _____ [Job Title] Can you provide Teletherapy? Y <input type="checkbox"/> / N <input type="checkbox"/>	Roster Date _____ Coaching Webinars or Coaching Book & Quiz Date _____ Coaching Putting It Into Practice Training Date _____	_____ [Licensure or Certification] _____ [Expiration Date]	
8. _____ [Name] _____ [Job Title] Can you provide Teletherapy? Y <input type="checkbox"/> / N <input type="checkbox"/>	Roster Date _____ Coaching Webinars or Coaching Book & Quiz Date _____ Coaching Putting It Into Practice Training Date _____	_____ [Licensure or Certification] _____ [Expiration Date]	
9. _____ [Name] _____ [Job Title] Can you provide Teletherapy? Y <input type="checkbox"/> / N <input type="checkbox"/>	Roster Date _____ Coaching Webinars or Coaching Book & Quiz Date _____ Coaching Putting It Into Practice Training Date _____	_____ [Licensure or Certification] _____ [Expiration Date]	
10. _____ [Name] _____ [Job Title] Can you provide Teletherapy? Y <input type="checkbox"/> / N <input type="checkbox"/>	Roster Date _____ Coaching Webinars or Coaching Book & Quiz Date _____ Coaching Putting It Into Practice Training Date _____	_____ [Licensure or Certification] _____ [Expiration Date]	
11. _____ [Name] _____ [Job Title] Can you provide Teletherapy? Y <input type="checkbox"/> / N <input type="checkbox"/>	Roster Date _____ Coaching Webinars or Coaching Book & Quiz Date _____ Coaching Putting It Into Practice Training Date _____	_____ [Licensure or Certification] _____ [Expiration Date]	
12. _____ [Name] _____ [Job Title] Can you provide Teletherapy? Y <input type="checkbox"/> / N <input type="checkbox"/>	Roster Date _____ Coaching Webinars or Coaching Book & Quiz Date _____ Coaching Putting It Into Practice Training Date _____	_____ [Licensure or Certification] _____ [Expiration Date]	