

**Home Visitor Credential Request Form**

**Applicant Name:** \_\_\_\_\_ **Site Name:** \_\_\_\_\_

**Site Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Check all items indicating home visiting credentialing documentation attached:**

- | <input type="checkbox"/> <b>Trainings:</b>                          | <b>Date completed:</b> |
|---|------------------------|
| <input type="radio"/> Ages and Stages Basic training                | _____                  |
| <input type="radio"/> Ages and Stages Social and Emotional training | _____                  |
| <input type="radio"/> Shaken Baby Syndrome prevention               | _____                  |
| <input type="radio"/> Nurturing Families Network core               | _____                  |
| <input type="radio"/> Family Development Credential                 | _____                  |
| <input type="radio"/> Touch Points                                  | _____                  |
| <input type="radio"/> Parents As Teachers (0-3)                     | _____                  |
| <input type="radio"/> Parents As Teachers (3- Kindergarten)         | _____                  |

Verification of the employment requirements with NFN

Recommendation from the Clinical Supervisor and Program Manager or Supervisor's Supervising Agent

Professional Development Requirements

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor's Supervising Agent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CTF Staff Only** -----

**Position Approved:** \_\_\_\_\_

**Not Approved & Reason:** \_\_\_\_\_

**Reviewer Name:** \_\_\_\_\_ **Date Reviewed:** \_\_\_\_\_