

**DEPARTMENT OF DEVELOPMENTAL SERVICES  
INDIVIDUAL PRACTITIONER QUALIFIED PROVIDER APPLICATION PROCESS**

**Individual Qualified Provider Checklist**

**Assurance Documents**

- Assurance Agreement (select applicable document for [Clinical Behavioral Consultant](#) or [Healthcare Coordination](#)) [Autism Assurance Agreement](#)
- Provider Agreement ([link](#)) [Autism Provider Agreement](#)
- False Claims Act Acknowledgement of Receipt ([link](#))
- Confidentiality and HIPAA Assurance Agreement ([link](#))

**Corporate Documents (if applicable)**

- A copy of the incorporation papers
- List of any other people with ownership share in the corporation

**Individual Practitioner Documentation:**

- A letter of intent describing the services you intend to provide
- Resume or Curriculum Vita Resume should highlight the individual's entire professional experience and the qualifications that directly impact their ability to provide the desired service.
- University diploma.
- A copy of current professional clinical license or certificate (if applicable).
- Three current letters of reference that clearly identifies who the reference is for and the name, phone number and address of the individual supplying the reference. At least one reference should be from a clinician familiar with the applicant's professional work and that references evidence of positive outcomes for individuals resulting from interventions designed and implemented or overseen by the applicant.
- A certificate of insurance or certificate of insurability demonstrating professional liability insurance of a minimum of \$500,000 per occurrence and \$1.5 million in aggregate. You are required to provide documentation of such coverage annually and upon request.
- Clinical Behavioral Consultant only: Samples of recent work:  
Two (2) samples of functional assessments and behavioral support plans including methods for increasing adaptive behaviors and decreasing maladaptive or challenging behaviors.