



EARLY STEPS PROVIDER ATTESTATION CHECKLIST



Provider Name: _____

Provider Address _____

E-mail Address/Phone Number: _____

Provider Medicaid Number or Medicaid Application Tracking Number (ATN): _____

Solo Y/N: _____ Agency Y/N _____

- Copy of current Form W9
- Work History, documenting in a month/year timeline for last five (5) years, *with explanation of any gaps longer than 90 days in employment*
- Copy of Social Security card
- Copy of Professional License; if applicable
- Copy of Individual National Provider Identification (NPI) number
- Copy of current liability insurance coverage
- Summary of professional liability claim(s) pending or filed against you within the past five (5) years
- Summary of Medicaid and Medicare sanctions within the past five (5) years. Provide date of occurrence, amount paid and brief summary of events for each sanction
- Current malpractice coverage in accordance to your specific Florida Statute Practice Act or bond that complies with the provider's relevant practice act in the Florida Statutes; if applicable
- Level II Security Background Screen. Active/eligible Medicaid providers are exempt from submitting a Level II Security Background Screen if an eligible screen has been conducted within the past 5 years as evidenced by AHCA.
- Documentation of appropriate professional Early Intervention experience
- Documentation of Infant Toddler Developmental Specialist Training Modules completed; if applicable
- Copy of College/University Diploma or Transcript; if applicable
- Documentation of Early Steps Orientation Training Modules completed

This attestation checklist verifies that the provider named above is qualified and approved as the following provider type to participate in the Early Steps program:

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Advanced Practice Registered Nurse | <input type="checkbox"/> Marriage & Family Therapist | <input type="checkbox"/> Registered Nurse |
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Mental Health Counselor | <input type="checkbox"/> Registered Respiratory Therapist |
| <input type="checkbox"/> Board Certified Behavior Analyst (BCBA) | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> School Psychologist |
| <input type="checkbox"/> Board Certified Associate Behavior Analyst (BCABA) | <input type="checkbox"/> Occupational Therapy Assistant | <input type="checkbox"/> Speech Language Pathologist (SLP) |
| <input type="checkbox"/> Clinical Social Worker | <input type="checkbox"/> Optometrist | <input type="checkbox"/> Provisional SLP |
| <input type="checkbox"/> Dietician | <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> SLP Assistant |
| <input type="checkbox"/> Infant Toddler Developmental Specialist | <input type="checkbox"/> Physical Therapy Assistant | <input type="checkbox"/> Vision Specialist |
| | <input type="checkbox"/> Physician | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> Psychologist | |

Early Steps Program Name: _____ Date of Attestation: _____

Early Steps Program Director Printed Name: _____

Early Steps Program Director Signature: _____