## **Provider Certification and Re-Certification Process**

This side to be completed by Provider Your Name:						
	at kind of provider are you	ou currently? Work independently	1	Not currently Certified		
Wh	at type of provider certif	fication do you currently ho	old?			
TDD (through ODM) Independent Provider I/O, Level 1 or SELF None						
Wh	at year did the certificat	ion listed above begin (App	roxim	nately)?		
What type of certification are you applying for today?						
New certification		Transfer classification		Renew certification		
TDD		From to		No changes		
I/O, Level1 or SELF		Date of Transfer:				
What services do you wish to provide? (Check all that apply)						
Х	Homemaker Personal C	Care (HPC)	Х	Informal Respite (non-family)		
	HPC Transportation (*D	Priver's abstract required)		Personal Care Aide – CSTO (TDD Only)		
Х	Supported Living		Х	Adult Family Living		
Х	Adult Foster Care			Other:		
When applying for certification you must have your own Email address for which you have the password.  Sharing the Email is a violation of HIPAA rules.  Write your Email address here:  Write your password down and bring it with you.						
Your DODD provider number:						
Name of the person that you support:Their DOB:						
Wri	te down the person you	support's Medicaid Numbe	r and b	oring that with you.		
	k here to set up an accou uirement). Follow the pro	• •	cess to	o your email to complete this		
Your DODD Login id: Write your DODD password down and bring it with you.						
		•		<b>le only</b> . You may use a credit/debit card or ch you have permissions to write checks).		
Background Check BCII reports can take 30 days or more to get to DODD, submit this ASAP:  Have you completed a background check within the last 10 months? Please click here to download for a BCII copy request form.  To complete a new background check:  □ Take your driver's license or State ID card. Use code 5123.081 and have the results sent to: DoDD  Attn: Provider Certification, 30 East Broad, 13th Floor, Columbus, OH 43215  ○ Acquire from any reporting facility1 option is Newark Police Department, (740) 670-7200, Monday through Friday, from 8:00 a.m. to 3:30 p.m. They charge \$25.00 Cash, Check or Credit card  Write down the date: and location: Keep your receipt.						

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		er your documents: Do not wait on the BCII report. st have all required documents on this page before you can submit your application:		
If a	nnlv	ring for HPC Transportation:		
		Driver's abstract. Acquire (within 14 days of application) from the local DMV (\$8.00 charge, or have one mailed to you using the website online for a \$5 charge using <a href="https://www.oplates.com/DL/Abstracts">https://www.oplates.com/DL/Abstracts</a> Automobile insurance (Your name must be listed on the insurance card)		
_		and TDD Provisional) Applicants:		
		when Independent Provider Orientation video. Print the certificate at the end of the orientation.		
	Vei	rification of age. Must be at least 18 years of age. Provide your birth certificate as of proof of age.		
	<b>High School Diploma/GED.</b> Question about your diploma? Contact the source from which it was earned or the Educational Service Center in the area where your diploma/GED was earned. If you need additional help, please contact the State Board of Education, (in Ohio 877-644-6338 or Email: contact.center@education.ohio.gov).			
		cial Security Card The name on your card must match the name on your DODD application. ed a new, corrected or replacement card? Social Security (740-345-9412) provides those services for free.		
Re	-Ce	rtification and New Applicants:		
	com	<b>DD Compliant Provider Certification Training</b> This must include certificate(s) provided upon appletion annual of Provider training. The certificate must state the date, duration, name of the training and e the signature of the trainer. Options for training are available on the <u>LCBDD web site</u> .		
		<b>Ite Identification</b> Valid driver's license or other state-issued photo identification. Your name and ress on this identification must match what is entered on the application.		
		st Aid Certification Valid American Red Cross or equivalent certification in First Aid with inson assessment required. See below.		
		<b>R Certification</b> Valid American Red Cross or equivalent certification in CPR with <u>in-person</u> essment required. See below.		
		American Red Cross lists available classes online. Click this link to view the courses available in wark and surrounding areas.		
are offi iter	con ce o ns li cum	uments on this page must be scanned and uploaded (during application). When all items above applied, apply for certification at dodd.ohio.gov, or call Teresa Whipkey at the Administrative of LCBDD 740-349-6588 to schedule a time to have her assist you with your application. Bring all isted, your Email address and your DODD login ID as well as your passwords to that meeting.  The ents that will be printed during the application process include:  Completed W-9 Form  Non-Disclosure Agreement  Vendor Information Form		