Provider Certification and Re-Certification Process

This side to be completed by Provider Your Name:							
What kind of provider are you currently? Work for agency Work independently X_ Not currently Certified							
What type of provider certification do you currently hold?							
	TDD (through ODM) Independent Provider I/O, Level 1 or SELF X_ None						
What year did the certification listed above begin? <u>n/a</u>							
What type of certification are you applying for today?							
X New certification Transfer classificat		on	Renew certification				
TDD From to			No changes				
X I/O, Level1 or SELF Date of Transfer:							
What services do you wish to provide? (Check all that apply)							
Х	Homemaker Personal C	are (HPC)	Х	Informal Respite (non-family)			
	HPC Transportation (*D	river'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: n/a							
·							
Name of the person that you support: <u>n/a</u> Their DOB: <u>n/a</u> Write down the person you support's Medicaid Number and bring that with you.							
<u>Click here</u> to set up an account in PCW (you will need access to your email to complete this requirement). Follow the prompts on screen to:							
Your DODD Login id: Write your DODD password down and bring it with you.							
Provider Certification fees are \$125.00. This can be paid online only . You may use a credit/debit card or an electronic check (must be from a checking account in your name.)							
Background Check: 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.							
wri	te down the date:	and location:		keep your receipt.			

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Gather your documents:

<u>Onl</u>	y if applying 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 at https://www.oplates.com/DL/Abstracts				
	\$5.00 charge (must use credit or debit card).				
	☐ Automobile insurance (Your name must be listed on the insurance card)				
	w (and Provisional) Applicants:				
	View the <u>Independent Provider Orientation video</u> . Print the certificate at the end of the orientation.				
	Verification of age. All provider applicants must be at least 18 years of age. Provide <u>your birth</u> <u>certificate</u> as of proof of age.				
	High School Diploma/GED . If you do not have a copy of your diploma/GED, contact the source from which it was earned or contact the Educational Service Center or Board of Education 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). Proceeding without this document will likely result in your certification being denied.				
	Social Security Card A copy will be required with your application Need a new, corrected or replacement card? Social Security provides those services and more for free.				
Re	-Certification and New Applicants:				
	DODD Compliant Provider Certification Training This must include a certificate provided upon completion annual, eight hours of Provider training. The certificate must state the date, duration, name of the training and have the signature of the trainer. Options for training are available on the <u>LCBDD web site</u> .				
	State Identification Valid driver's license or other state-issued photo identification. Your name and address on this identification must match what is entered on the application.				
	First Aid Certification Valid American Red Cross or equivalent certification in First Aid with <u>inperson</u> assessment required. See below.				
	CPR Certification Valid American Red Cross or equivalent certification in CPR with <u>in-person</u> assessment required. See below.				
	The American Red Cross lists available classes online. Click this link to view the courses available in Newark and surrounding areas.				
are offi	documents on this page must be scanned and uploaded (during application). When all items above compiled, apply for certification at dodd.ohio.gov, or call Teresa Whipkey at the Administrative ice of LCBDD 740-349-6588 to schedule a time to have her assist you with your application. Bring all ms listed, your Email address and your DODD login ID as well as your passwords to that meeting.				
Documents that will be printed during the application process include:					
	☐ Completed W-9 Form				
	□ Non-Disclosure Agreement				
	□ Vendor Information Form				