New Provider Certification Process

To be completed by Provider   **Your Name: _____**

This form is only for those who have never been a DODD provider in the past. If you think you have, or are not sure, please call Teresa Whipkey (740-322-6907). Ask her to check DODD's web site for information.

Background Check:
Have you completed a background check within the last 10 months? If so, please click here to download a BCII copy request form.
If not, complete a new background check:
☐ Take your driver's license or State ID card. Use code 5123.169 and have the results sent to: DoDD Attn: Provider Certification, 30 East Broad, 13th Floor, Columbus, OH 43215
   o Acquire from any reporting facility…1 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 for your records.

What services do you wish to provide (consult with the service coordinator)? (Check all that apply)

X	Homemaker Personal Care (HPC)	X	Informal Respite (non-family)
	HPC Transportation (*Official driver's abstract and auto insurance required)		Personal Care Aide – CSTO (TDD Only)
X	Supported Living	X	Adult Family Living
X	Adult Foster Care (or Shared Living)	X	Community Inclusion, Personal Care Assistant (SELF Waiver)
	Other, Please Specify:		Other, Please Specify:

When applying for certification you must have your own Email address for which you have the password. Sharing this Email is a violation of HIPAA rules.

Write your Email address here: _____
Write your password down and bring it with you. You will need to log in to this Email using a kiosk computer at our offices.

If you have provided TDD services you may already have been granted a user name for DODD's web site (even if you have not received this information). Teresa Whipkey (740-322-6907) can give you instructions for retrieving your login credentials.

If you have not provided TDD services in the past, click here to set up an account in PCW (you will need access to your email to complete this requirement). This process will provide you with several Emails to get information from and respond to which will help you establish your password and then those emails will provide you with your login name. Once you have both of these, close all open Internet windows. Open a new Internet window and test your login credentials at dodd.ohio.gov.

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.)

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Gather your documents (Each document listed below is required. The application cannot be submitted if even one document is missing)**:**

Only if applying for HPC Transportation:
- ☐ **Official Driver's Abstract**. Acquire (within 14 days of application) from the local DMV, $8.00 charge. Or have one mailed to you using their website using a credit or debit card at https://www.oplates.com/DL/Abstracts, $5.00 charge.
- ☐ **Automobile Insurance**. Card or printout must list your name and the documentation must show coverage span through the next 60 days.)

If you are a nurse:
You will need your current license number _____.

New (and Provisional) Applicants:
- ☐ View the Independent Provider Orientation video. Print the certificate at the end of the orientation. Read the directions carefully. There are a few steps to printing this certificate.

- ☐ **Verification of age.** All provider applicants must be at least 18 years of age. Provide your birth certificate 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). DODD will not accept a college degree in lieu of this requirement.

- ☐ **Social Security Card.** A copy will be required with your application Do you need a new, corrected or replacement card? Social Security provides those services and more for free.

- ☐ **DODD Eight Hour Provider Training.** Print the certificate provided upon completion of this training. This training is available for free on https://mylearning.dodd.ohio.gov/. Login with the username and password you created while following the steps on page 1 of this document.

- ☐ **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 in-person assessment required. See below.

- ☐ **CPR Certification** Valid American Red Cross or equivalent certification in CPR with in-person assessment required. See below.

   The American Red Cross lists available classes on their web site. Click this link to view the courses available in Newark and surrounding areas.

All documents on this page must be scanned and uploaded (during application). When all items on both of these pages are compiled, apply for certification at dodd.ohio.gov, provider, become a provider…or call Teresa Whipkey at the Administrative office of LCBDD, 116 North 22ⁿᵈ Street, Newark, OH 740-322-6907 if you wish to schedule a time to have her assist you with your application. Bring this completed document as well as all items listed, your Email address and your DODD login ID as well as your passwords for both to that meeting.

Documents that will be printed during the application process include (but are not limited to):
- ☐ Completed W-9 Form
- ☐ Non-Disclosure Agreement
- ☐ Vendor Information Form