Provider Certification Process for New Providers

This form is only for those who have never applied to be a DODD independent provider in the past. If you think you have, or are not sure, please call Teresa Whipkey (740-322-6907).

To be completed by Provider prior to applying for certification					
You	r Name:				
	vider Certification fees are \$125.00. This ca stronic check (must be from a checking acco	-	aid <u>online only</u> . You may use a credit/debit card or an your name.)		
Havin the If no	nat form and mail it to the address on the tot, complete a new background check: Take your driver's license or State ID card. (depending on the fingerprint system being Certification, 30 East Broad, 13th Floor, Co The Newark Police Department is of through Friday, from 8:00 a.m. to 3 Write down the date: and locate through Check, FBI: ou have lived in Ohio for fewer than five year.	Use of used used lumburne ag 3:30 p. ation:_	ode 5123.169 or the title "Applicant for Supported Liv") and have the results sent to: DoDD Attn: Provider is, OH 43215 ency who provides this service (740) 670-7200, Mond im. They charge \$25.00 Cash, Check or Credit card. Keep your receipt for your records if you were convicted of a crime in another state or of	ing" ay 	
Foll	ords check, indicate the reason for the finge ow this link for more information on back estions for the person supported or ser at waiver does the person (or people) that	erprint kgrou vice o you wi	ind checks.	criminal	
vn.	at services do you wish to provide? (Check Homemaker Personal Care (HPC)	all th	Informal Respite (non-family)	1	
	HPC Transportation (*Official driver's abstract and auto insurance required)		Personal Care Aide – CSTO (TDD Only)		
✓	Supported Living	~	Adult Family Living	1	
'	Adult Foster Care (or Shared Living)	~	Community Inclusion, Personal Care Assistant (SELF Waiver)	-	
	Other, Please Specify:		Other, Please Specify:	-	
<i>is a</i> Wri Wri offic	violation of HIPAA rules. te your Email address here: te your password down and bring it with your sees. You must be able to log in to that email	ou. You	Email address for which you have the password. Sharing to be a will need to log in to this Email using a kiosk computer gour computer if you come to our offices to complete	er at our	
app	lication.				

Gather your documents (Each document listed on the next page is required. The application cannot be submitted if even one document is missing).

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<u>Oı</u>	<u>าly</u>	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.)
lf '	you	are a nurse:
		You will need your current license number
NI.		(and TDD) Applicants.
		(and TDD) Applicants:
		rification of age. All provider applicants must be at least 18 years of age. Your birth certificate. gh School Diploma/GED. If you do not have a copy of your diploma/GED, contact the source from
_		ich it was earned or contact the Educational Service Center or Board of Education in the area where
		ur diploma/GED was earned. If you need additional help, please contact the State Board of Education, (in Ohio 877-
		I-6338 or Email: contact.center@education.ohio.gov). DODD will not accept a college degree in lieu of this requirement.
		cial Security Card. Social Security provides copies of your card and more for free.
		DDD Eight Hour Provider Training. Print the certificate provided upon completion of this training. This training is illable for free on https://mylearning.dodd.ohio.gov/ . Login with the username and password you created while following
		steps on page 1 of this document. You will also need the certificate from your initial orientation from Step 1 of the Become
_		rovider process.
Ш		ate Identification. Valid driver's license or other state-issued photo identification. Your name and address or identification must match what is entered on the application.
		st Aid & CPR Certification. Valid American Red Cross or equivalent certification in First Aid with in-
	per	son assessment required. See below. The American Red Cross lists available classes on their web site. Click this
	linl	to view the courses available in Newark and surrounding areas.
Da		ants that will be exected during the application process include (but are not limited to).
טט		ents that will be created during the application process include (but are not limited to): Completed W-9 Form
		Non-Disclosure Agreement
		Vendor Information Form
	_	vendor information i orini
If y	ou h	have provided TDD services through Medicaid in the past you already have been granted a user name for
DC	DD'	s web site (even if you have not received this information). Please call 800-617-6733 Option 4 to determine
yo	ur us	ser name and unlock that username for use. Also, check the email address they have on file for you. Be sure
to	skip	this step during the Become a Provider process.
	•	
		nave not provided TDD services, your DODD login Username and password will be created during the
Be	com	e a Provider process.
Fc	llov	w this link to begin the Become a Provider process.
۱۸/۱	nan l	nave your DODD Login id (username) write it here: Write your DODD password down.
vvi	ICIII	Make sure that you have both anytime to come to appointments at the County Board offices.
		make sale that you have both anythine to come to appointments at the county board offices.
Aft	er v	our user name and password are set up, <u>you must</u> close all open Internet windows. Start a new Internet
		v. Return to dodd.ohio.gov, choose provider, become a provider. Jump to step 4 to begin your application.