

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

Your Name: _____

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, BCII:

Have you completed a background check within the last 10 months? If yes, Please [download a BCII copy request form](#). Print and fill in that form. Mail it to the address on the top right corner along with a check for the \$8 fee.

If not, complete a new background check:

Take your driver's license or State ID card. Use code 5123.169 or the title "Applicant for Supported Living" (depending on the fingerprint system being used) and have the results sent to: **DoDD Attn: Provider Certification, 30 East Broad, 13th Floor, Columbus, OH 43215**

- The Newark Police Department is one agency who provides this service (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.

Background Check, FBI:

If you have lived in Ohio for fewer than five years, or if you were *convicted of a crime in another state or of a federal offense*, you must request both an Ohio background check and a FBI background check. For the FBI criminal records check, indicate the reason for the fingerprinting as 5126.28 Employment with DODD.

[Follow this link for more information on background checks.](#)

Ohio Shared Services Supplier ID:

You must apply for an ID number with Ohio Shared Services at least one week before you complete the DoDD online application to be an independent provider. You can do this online <http://supplier.obm.ohio.gov>. An email will be sent to the email address you list with your ID number. This email must be printed and included with the documents on the other side of this page to be scanned and uploaded with your DoDD online application.

[Follow this link to begin the Become a Provider process.](#)

If you have provided TDD services through Medicaid in the past you already have been granted a user name for DODD's web site (even if you have not received this information). Please call 800-617-6733 Option 4 to determine your user 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.

If you have not provided TDD services, your DODD login Username and password will be created during the Become a Provider process.

Write your Login id (Username) here: _____ Write your DODD password down.

Make sure that you have both anytime to come to appointments at the County Board offices.

After your user name and password are set up, you must close all open Internet windows. Start a new Internet window. Return to dodd.ohio.gov, Login. Choose provider, become a provider. Jump to step 4 to begin your application.

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Questions for the person supported or their service coordinator:

What waiver does the person (or people) that you wish to support currently have? (check all that apply)

_____ I.O. _____ Level 1 _____ SELF (must register through service coordinator with financial agency)

What services do you wish to provide? (Check all that apply) Please confirm the services before applying. Adding services in the future can cost \$25 per service and take an additional 30 days to add.

✓	Homemaker Personal Care (HPC)	✓	Informal Respite (non-family) or (family only)
	HPC Transportation (*Official driver's abstract and auto insurance required)	✓	Participant Directed HPC
✓	Shared Living	✓	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 email password down in a secure way and bring it with you. You will need to log in to this Email computer at our offices. You must be able to log in to that email using our computer if you come to our offices to complete your application.

Gather your documents (Each document listed 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 _____ and NPI number _____.

New Applicants:

- Ohio Shared Services Supplier ID** email from the instruction on the previous page.
- Verification of age.** All provider applicants must be at least 18 years of age. Your birth certificate.
- 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.** Social Security provides copies of your card and more for free.
- DODD Eight Hour and Initial Orientation Provider Training.** Print the certificate provided upon completion of these trainings available for free on <https://mylearning.dodd.ohio.gov/>. Login with the username and password you created on DoDDs web site.
- 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 & CPR Certification.** Valid American Red Cross or equivalent certification in First Aid 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.](#)