

Provider Enrollment Applicant Checklist - Solo

The following items will help ensure complete information for the Provider Enrollment Application process. At all times, providers must maintain copies of their application documents, including background screening results as part of their personnel file.

1.	\square Background Screenings must be completed before APD will review the Provider Application	
	☐ <u>APD General</u> "line item" with an eligible status in the Agency for Healthcare Administration (AHCA) Care Provider Background Screening Clearinghouse	
	☐ Local Law Background Check	
2.	☐ Affidavit of Good Moral Character (<u>signed</u> and <u>notarized</u>)	
3.	\square Two Employer Reference forms or two letters of recommendation	
4.	\square APD Provider Enrollment Application (Either WSC or non-WSC Application)	
5.	☐ Resume(s) for applicant	
6.	 Proof of meeting minimum educational qualification(s) for applicant A high school diploma, GED certificate, or college transcripts must be su Applicant can identify what proof of education is required by referent Developmental Disabilities Handbook. Note: "Online" high school diplomater certificates may be subject to further review 	ncing the
7.	\Box Copy of Professional licenses or Certifications if applicable to the services being prov	ided
8.	☐ Policies and Procedures (Waiver Support Coordinators, Supported Employment, and Supported Living Coaches must have policies and procedures as solo providers)	
9.	☐ If transporting APD individuals: copy of driver's license, vehicle registration, and "Declaration Page(s)" of automobile insurance	
10.	☐ Transportation Service Providers: copy of driver's license, vehicle registration, and "Declaration Page(s)" of automobile insurance with \$100,00/\$300,000 insurance cov	erage/
11.	☐ Proof of identification	
12.	☐ Social Security Card	
13.	\Box Copy of IRS SS-4 or W-9 form to show company's Federal Tax ID number (if applicable	e)
14.	☐ Florida Business Registration and Articles of Incorporation. (if applicable) <i>Note: all ap</i> who are operating a business under a fictitious name or corporation must be register Supplied Include a copy of the Article of Incorporation of latest Supplied report	**************************************

Provided at the time	Pages of General or Professional Liability business Insurance should be of execution of the Medicaid Waiver Services Agreement. (if applicable) isted at the "certificate holder" on the Declaration page		
	lace Vendor Registration – this is required if applicant intends to provide n-waiver individuals. <i>Please visit <u>www.dms.myflorida.com</u> for more</i>		
17. \square Completion of requir	red training(s)		
8. Pre-service training and other requirements: The following trainings and perquisites are required for the specific services listed below <i>before</i> applicant will be considered eligible to provide that service			
☐ Waiver Support Coordinators:			
Ţ	☐ WSC pre-services training certificate		
	□ Emergency Backup Plan		
☐ Supported Em	ployment:		
	☐ Supported Employment Training		
☐ <u>Behavioral Ser</u>			
_	☐ Behavioral Services Training		
☐ Supported Living Coaching:			
	☐ Supported Living Coaching Training		
	☐ Emergency Backup Plan		

<u>IMPORTANT:</u> Your application package will not be accepted by APD until it is complete and accurate. Any missing documentation required above will prompt the APD Enrollment Liaison to return your application without approval.