



## CONSULTANT REGISTRATION SOLO PRACTITIONER

Consultant Name: \_\_\_\_\_  
First Name MI Last Name

Medicaid Provider Number for CDC+: \_\_\_\_\_

Business/Practice Name: \_\_\_\_\_  
Complete only if name of Business is different from name of Solo Practitioner

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code

Work Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date of Introductory CDC+ Training: \_\_\_\_\_  
mm/day(s)/yy

OFFICE USE ONLY	INITIAL	DATE
Received by Area Office		
Sent to Central Office		
Received by Cent. Office		
Assigned to		
Entered into Registry		

*I have applied for a Specialty Code for CDC+ Consultant Services.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*CDC+ MOA between the above Agency and the APD Area \_\_\_\_\_ Office has been executed.*

CDC+ Area Liaison Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions:** This form is to be completed before a CDC+ consumer can select you as his or her CDC+ consultant.

Complete the entire form. **Please print legibly!**

Your Medicaid Provider Number is a 9-digit number. Effective immediately, this number is the same as your Medicaid Provider Number for waiver support coordination services. You must have requested through File Maintenance for a Specialty Code for CDC+ to be added to your Medicaid file. That specialty code authorizes you to provide and bill Medicaid for consultant services provided to CDC+ consumers who are actively managing a monthly budget.

Your name, your practice name and your mailing address provided above must be the same as they are in the Florida Medicaid Management Information System (FMMIS). Please always use your above registered name on all official CDC+ paperwork.

Please submit this completed form to the APD Area Liaison for CDC+ for processing. Thank you.