

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. Background Screenings must be completed before APD will review the Provider Application.
 - APD General** “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 (signed and notarized)
3. Two Employer Reference forms or two letters of recommendation
4. 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 submitted. Applicant can identify what proof of education is required by referencing the Developmental Disabilities Handbook. *Note: “Online” high school diplomas and certificates may be subject to further review*
7. Copy of Professional licenses or Certifications if applicable to the services being provided
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 coverage
11. Proof of identification
12. Social Security Card
13. Copy of IRS SS-4 or W-9 form to show company’s Federal Tax ID number (if applicable)
14. Florida Business Registration and Articles of Incorporation. (if applicable) *Note: all applicants who are operating a business under a fictitious name or corporation must be registered with Sunbiz. Include a copy of the Article of Incorporation of latest Sunbiz report*

15. Copy of Declaration Pages of General or Professional Liability business Insurance should be Provided at the time of execution of the Medicaid Waiver Services Agreement. (if applicable)
Note: APD **must** be listed at the "certificate holder" on the Declaration page
16. My Florida Market Place Vendor Registration – this is required if applicant intends to provide services to APD's non-waiver individuals. Please visit www.dms.myflorida.com for more details
17. Completion of required training(s)
18. **Pre-service training and other requirements:** The following trainings and perquisites are required for the specific services listed below **before** applicant will be considered eligible to provide that service

Waiver Support Coordinators:

- WSC pre-services training certificate
- Emergency Backup Plan

Supported Employment:

- Supported Employment Training

Behavioral Services (all)

- Behavioral Services Training

Supported Living Coaching:

- Supported Living Coaching Training
- Emergency Backup Plan

IMPORTANT: 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.