

For office use only. Date application received:

South Carolina Part C Credential Application



BabyNet

South Carolina's Early Intervention System

SC DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL



☆☆☆☆ ALL ENTRIES MUST BE TYPED OR PRINTED ☆☆☆☆

This is an Initial Application (complete ALL information) Updated Application (complete only CHANGED information)

1. SYSTEM AFFILIATION: Contractees of DHEC/BabyNet may not begin providing services until notified by BabyNet Central Office of contract approval and by TECS of receipt this application.

A. Hire Date/Date SC DHEC Contract Approval for provision of BabyNet Services _____
mm/dd/yyyy

B. Employer:

- DHEC Contractor
 - Name on Contract: _____
- DHEC/BabyNet
- DHEC/CRS
- DMH
- SCSDB
- DDSN
 - Central Office
 - Name of DSN Board or DDSN SubContractor: _____

2. APPLICANT INFORMATION: All sections are required. If **ANY** of this information should change (including your system role and/or service on page 2), or your employment within the BabyNet System ends, it is your responsibility to notify the TECS office of this change using this form.

A. Degree (check highest level of education): <input type="checkbox"/> Associate <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> Other: _____	B. Discipline/Specialty (see instructions for approved codes):	C. Number of years experience with children birth to 3:
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D. Last Name:	E. First Name:	F. MI:
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G. e-mail:

H. Home Address:	<input type="checkbox"/> Check here if you want credential mail sent to this address
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I. City:	J. State:	K. Zip:
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L. Work Address	<input type="checkbox"/> Check here if you want credential mail sent to this address
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M. City:	N. State:	O. Zip:
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P. Home Phone: ()	Q. Work Phone: ()	R. Fax: ()
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S. County(ies) served:

Region	County/ies
1	<input type="checkbox"/> all <input type="checkbox"/> Abbeville <input type="checkbox"/> Anderson <input type="checkbox"/> Edgefield <input type="checkbox"/> Greenwood <input type="checkbox"/> Laurens <input type="checkbox"/> McCormick <input type="checkbox"/> Oconee <input type="checkbox"/> Saluda
2	<input type="checkbox"/> all <input type="checkbox"/> Cherokee <input type="checkbox"/> Greenville <input type="checkbox"/> Pickens <input type="checkbox"/> Spartanburg <input type="checkbox"/> Union
3	<input type="checkbox"/> all <input type="checkbox"/> Chester <input type="checkbox"/> Fairfield <input type="checkbox"/> Lancaster <input type="checkbox"/> Lexington <input type="checkbox"/> Newberry <input type="checkbox"/> Richland <input type="checkbox"/> York
4	<input type="checkbox"/> all <input type="checkbox"/> Chesterfield <input type="checkbox"/> Clarendon <input type="checkbox"/> Darlington <input type="checkbox"/> Dillon <input type="checkbox"/> Florence <input type="checkbox"/> Kershaw <input type="checkbox"/> Lee <input type="checkbox"/> Marion <input type="checkbox"/> Marlboro <input type="checkbox"/> Sumter
5	<input type="checkbox"/> all <input type="checkbox"/> Aiken <input type="checkbox"/> Allendale <input type="checkbox"/> Bamberg <input type="checkbox"/> Barnwell <input type="checkbox"/> Calhoun <input type="checkbox"/> Orangeburg
6	<input type="checkbox"/> all <input type="checkbox"/> Georgetown <input type="checkbox"/> Horry <input type="checkbox"/> Williamsburg
7	<input type="checkbox"/> all <input type="checkbox"/> Berkeley <input type="checkbox"/> Charleston <input type="checkbox"/> Dorchester
8	<input type="checkbox"/> all <input type="checkbox"/> Beaufort <input type="checkbox"/> Colleton <input type="checkbox"/> Hampton <input type="checkbox"/> Jasper

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3. EARLY INTERVENTION ROLES AND SERVICES: Content requirements of the BabyNet Credential are set by the role/s served and/or service provided by personnel in the system.

3A. BABYNET SYSTEM ROLE/S: Check the role/s you currently serve in the BabyNet Early Intervention System.			
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
	Parent-Delivered Resources and Supports		BabyNet Intake Coordinator
	BabyNet Program Manager		BabyNet Service Coordinator <input type="checkbox"/> I also provide Special Instruction
	BabyNet Regional Consultant		BabyNet Service Provider: IF THIS ROLE IS CHECKED, APPLICANT MUST CHECK ONE SERVICE IN SECTION 3B 'BABYNET SERVICE PROVIDED' BELOW
	BabyNet System Manager		Interagency Monitoring Team Member
	BabyNet Supervisor		Technical Assistance Specialist

3B. BABYNET SERVICE PROVIDED: Check **ONLY** if the 'BabyNet Service Provider' role was checked in Section 3A

<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
	Autism Services <input type="checkbox"/> ABA Consultant <input type="checkbox"/> ABA Provider		Occupational Therapy <input type="checkbox"/> Therapist <input type="checkbox"/> Assistant
	Assistive Technology		Physical Therapy <input type="checkbox"/> Therapist <input type="checkbox"/> Assistant
	Audiology		Psychological Services <input type="checkbox"/> Psychologist <input type="checkbox"/> School Psychologist
	Family training, counseling, home visits & other supports		Speech-Language Pathology <input type="checkbox"/> SLP-CCC <input type="checkbox"/> SLP-CFY <input type="checkbox"/> SLP Assistant
	Health Services		Social Work Services
	Language Interpreter <input type="checkbox"/> Foreign Language <input type="checkbox"/> Interpreter for the Deaf		Special Instruction
	Medical services (diagnostic & evaluation only)		Transportation Services
	Nursing Services		Vision Services <input type="checkbox"/> Optometry <input type="checkbox"/> Ophthalmology <input type="checkbox"/> O & M

3C. FOREIGN LANGUAGE/S INTERPRETED:

4. CERTIFICATION To the best of my knowledge, I hereby certify that all of the information provided in this is true, correct and complete. I agree to report any changes regarding this information to Team for Early Childhood Solutions (TECS) in a timely manner.

A. Signature:	B. Date:
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e-mail this form to [Glynda York](mailto:Glynda.York@sc.gov) (electronic signature permitted)

You may also fax or mail the completed form to:
BabyNet Credentialing, ATTN: Glynda York
CDR, USC-SOM/PEDS, TECS, Columbia, SC 29208
Fax: (803) 935-5300