South Carolina Part C Credential Application

BabyNet
South Carolina's Early Intervention System
SC DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

TECS
TEAM FOR EARLY CHILDHOOD SOLUTIONS

☆☆☆☆☆**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*):
☐ Associate   ☐ Bachelors   ☐ Masters
☐ Doctorate   ☐ Other:_____

B. Discipline/Specialty **(***see instructions for approved codes***):**

C. Number of years experience with children birth to 3:

D. Last Name:

E. First Name:

F. MI:

G. e-mail:

H. Home Address:
☐ Check here if you want credential mail sent to this address

I. City:

J. State:

K. Zip:

L. Work Address
☐ Check here if you want credential mail sent to this address

M. City:

N. State:

O. Zip:

P. Home Phone:
(   )

Q. Work Phone:
(   )

R. Fax:
(   )

S. County(ies) served:

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

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.

☑		☑	
	Parent-Delivered Resources and Supports		BabyNet Intake Coordinator
	BabyNet Program Manager		BabyNet Service Coordinator ☐ 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

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

e-mail this form to [Glynda York](#) (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