



**BabyNet System Personnel  
Credential Application**



☆☆☆☆ ALL ENTRIES MUST BE PRINTED ☆☆☆☆

**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.

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

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

Region	all	County/ies
1	<input type="checkbox"/>	<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"/>	<input type="checkbox"/> Cherokee <input type="checkbox"/> Greenville <input type="checkbox"/> Pickens <input type="checkbox"/> Spartanburg <input type="checkbox"/> Union
3	<input type="checkbox"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/> Georgetown <input type="checkbox"/> Horry <input type="checkbox"/> Williamsburg
7	<input type="checkbox"/>	<input type="checkbox"/> Berkeley <input type="checkbox"/> Charleston <input type="checkbox"/> Dorchester
8	<input type="checkbox"/>	<input type="checkbox"/> Beaufort <input type="checkbox"/> Colleton <input type="checkbox"/> Hampton <input type="checkbox"/> Jasper

For office use only. Date application received:

**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		Curriculum-Based Assessment (CBA) Provider
	BabyNet Program Manager		Eligibility Determination Team Member (DHEC only)
	BabyNet Regional Consultant		BabyNet Service Coordinator <input type="checkbox"/> I also provide Special Instruction
	BabyNet System Manager		BabyNet Service Provider: <b>IF THIS ROLE IS CHECKED, APPLICANT MUST CHECK ONE SERVICE IN SECTION 3B 'BABYNET SERVICE PROVIDED' BELOW</b>
	BabyNet Supervisor		Interagency Monitoring Team Member
	BabyNet Intake Coordinator		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
	Nutrition Services	<b>3C. FOREIGN LANGUAGE/S INTERPRETED:</b>	

**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.

<b>A. Signature:</b>	<b>B. Date:</b>
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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**