Instructions for Completing the BabyNet System Personnel Credential Application

| Babynet System Personnel Credential Application | | | | | |
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| ☆☆☆☆ ALL ENTRIES MUST BE PRINTED ☆☆☆☆ | | | | | |
| Section ' | 1: System Affiliation | | | | |
| Field | Required Information | | | | |
| Α | Hire Date/Date of Contract: Enter month/day/year of hire or month/day/year of contract approval by S.C. Department of Health and Environmental Control. | | | | |
| В | Employer: YOU ARE EITHER 1. A contracted service provider with DHEC. BabyNet System Personnel who are under contract with DHEC are individuals who provide services for BabyNet-eligible families and children such as occupational, physical, or speech therapy; social work, nursing, etc. Check the box for 'DHEC Contractor'. | | | | |
| | OR | | | | |
| | 2. You work for one of the Partnering Agencies within the BabyNet System. DHEC: Department of Health and Environmental Control DMH: Department of Mental Health SCSDB: South Carolina School for the Deaf and the Blind DDSN: Department of Disabilities and Special Needs Check the box for the agency for which you work. | | | | |
| | NOTE: BabyNet System Personnel employed by the Department of Disabilities and Special Needs must write | | | | |

Section 2: Applicant Information

All fields in this section are required. If <u>ANY</u> of this information should change (including your system role and/or service on page 2 of the application), or your employment within the BabyNet System ends, it is your responsibility to notify the TECS office of this change using this form.

(ex., Bright Start, Easter Seals, Epworth, Kids First, PlayWorks).

in either the name of the county DSNB for whom they work, or the DDSN sub-contractor for whom they work

| Required Information | et dearee | | | | | |
|--|--|--|--|--|--|--|
| B Discipline: Using one of the following codes, enter the field of study in which you received your higher NOTE: This information is not required for the following types of providers: ABA provider, assistive technology/medical equipment provider, foreign language interpreter, or transportation provider. ABA Certification (ABA Program Consultants only) AUD Audiology CDEV Child/Human Development CNSL Counseling/Counselor Education OT Occupational Therapy DIE Dietetics OTA Occupational Therapy Assistant DIV Divinity PA Physician Assistant ECSE Early Childhood Special Education PH Public Health EDEC Early Childhood PSY Psychology EDEL Elementary Education PT Physical Therapy | st dearee | | | | | |
| NOTE: This information is not required for the following types of providers: ABA provider, assistive technology/medical equipment provider, foreign language interpreter, or transportation provider. ABA Certification (ABA Program Consultants only) AUD Audiology O&M Orientation and Mobility CDEV Child/Human Development CNSL Counseling/Counselor Education OT Occupational Therapy DIE Dietetics OTA Occupational Therapy Assistant DIV Divinity PA Physician Assistant ECSE Early Childhood Special Education PH Public Health EDEC Early Childhood PSY Psychology EDEL Elementary Education PT Physical Therapy | est dearee | | | | | |
| ABA Certification (ABA Program Consultants only) AUD Audiology CDEV Child/Human Development CNSL Counseling/Counselor Education DIE Dietetics DIV Divinity ECSE Early Childhood EDEC Early Childhood EDEL Elementary Education NUT Nutrition O&M Orientation and Mobility OPT Optometry OPT Occupational Therapy OCCUPATIONAL Occupational Therapy PA Physician Assistant PH Public Health PSY Psychology PSY Psychology EDEL Elementary Education PT Physical Therapy | or dogree. | | | | | |
| AUD Audiology O&M Orientation and Mobility CDEV Child/Human Development OPT Optometry CNSL Counseling/Counselor Education OT Occupational Therapy DIE Dietetics OTA Occupational Therapy Assistant DIV Divinity PA Physician Assistant ECSE Early Childhood Special Education PH Public Health EDEC Early Childhood PSY Psychology EDEL Elementary Education PT Physical Therapy | | | | | | |
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| CNSL Counseling/Counselor Education OT Occupational Therapy DIE Dietetics OTA Occupational Therapy Assistant DIV Divinity PA Physician Assistant ECSE Early Childhood Special Education PH Public Health EDEC Early Childhood PSY Psychology EDEL Elementary Education PT Physical Therapy | | | | | | |
| DIV Divinity PA Physician Assistant ECSE Early Childhood Special Education PH Public Health EDEC Early Childhood PSY Psychology EDEL Elementary Education PT Physical Therapy | | | | | | |
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| EDEC Early Childhood PSY Psychology EDEL Elementary Education PT Physical Therapy | | | | | | |
| EDEL Elementary Education PT Physical Therapy | | | | | | |
| == == | | | | | | |
| EDSE Special Education: list area of concentration PTA Physical Therapy Assistant | | | | | | |
| | | | | | | |
| FCS Family & Consumer Sciences SLP Speech-Language Pathology | | | | | | |
| INT Sign Language Interpretation SOC Sociology | | | | | | |
| MEDMedicine: list area of specialtySPSYSchool Psychology | | | | | | |
| NUR Nursing SW Social Work | | | | | | |
| OTH: Using the code for 'Other,' specify area of study if not listed above | | | | | | |
| | Enter the number of years of experience with infants and toddlers with disabilities birth to age three | | | | | |
| | Enter your last name, first name, and middle initial | | | | | |
| G Enter the e-mail address where you would like to receive all Credential correspondence | Enter the e-mail address where you would like to receive all Credential correspondence | | | | | |
| H-K Enter your home address, city, state, and zip code. Check if this is the address where you want to re | ceive | | | | | |
| Credential correspondence. | | | | | | |
| L-O Enter your work address, city, state, and zip code. Check if this is the address where you want to re- | ceive | | | | | |
| Credential correspondence. | | | | | | |
| P Enter your home phone with area code (in case of changes in employment) | | | | | | |
| Q Enter your current work phone with area code | | | | | | |
| R Enter your fax number with area code | | | | | | |

| Field | Required Information |
|-------|---|
| S | Using the BabyNet Regions map below, check the county/ies in which you provide services. If you serve all counties within a region, check the 'all' box for that region. |
| | Chester REGION 2 Union Chester Lancester Chesterfield Marbony REGION 1 Anderson Laurens REGION 1 Abbeville Creened REGION 3 REGION 3 REGION 4 Florington Dillon REGION 4 Florington Marbony REGION 5 Barmell Sumber Berkeley Allendals REGION 7 Hampton Colleton REGION 7 REGION 8 |

Section 3: BabyNet System Roles and Services

Check **only** the role/s you currently serve in the BabyNet System. Do NOT use your agency's or organization's internal job title. Examples:

- 1. For Section 3A, a BabyNet Intake Coordinator who also provides ongoing service coordination would check 'BabyNet Intake Coordinator,' 'CBA Provider,' 'Eligibility Review Team,' and 'BabyNet Service Coordinator.'
- 2. An Early Interventionist with DDSN would check 'CBA Provider,' 'BabyNet Service Coordinator,' and 'BabyNet Service Provider' in Section 3A. In Section 3B, 'Special Instructor' would be selected.
- 3. For Section 3A, a Parent Advisor with SCSDB would typically check *'CBA Provider'* and *'BabyNet Service Provider*.' In Section 3B, *'Special Instructor'* would be selected.
- 4. A physical therapist under contract with DHEC to provide IFSP services would check 'BabyNet Service Provider' in Section 3A, and in Section 3B, check 'Physical Therapist.'

Section 3A: BabyNet System Roles: use the following descriptions to determine the role/s in which you currently serve.

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| BabyNet System Role | Description | |
| Parent-Delivered Resources & Supports | Resources and supports provided by parents to parents receiving BabyNet services. Includes CRS Parent Resource Specialists, Family Partners with Family Connection of South Carolina, and/or Coordinators with PRO-Parents. | |
| BabyNet Interagency Monitoring Team | Responsible for assuring and reporting systemic compliance with federal statute and regulations for IDEA/Part C, and for supporting implementation of local corrective actions. | |
| BabyNet Program Manager | State-office staff within BabyNet-partnering agencies responsible for oversight of implementation of the BabyNet early intervention system within and between state agencies. | |
| BabyNet Regional Consultant | State-office DHEC/BabyNet staff responsible for regional-level technical assistance to local early intervention systems. | |
| BabyNet System Manager | Regional-office DHEC/BabyNet staff responsible for oversight of implementation of the local BabyNet early intervention system within and between agencies and service providers. | |

| BabyNet Supervisor | Provides supervision to activities of BabyNet Intake Coordinators, CBA Providers, Eligibility Determination Team Members, BabyNet Service Coordinators, and/or providers of the Part C service of special instruction. Employed by DDSN (including subcontractors), DHEC, or SCSDB at region/county level. |
|--|--|
| BabyNet Intake Coordinator | Responsible for coordination of all needed services within the first 45-days of referral to the BabyNet early intervention system. Employed by DHEC/BabyNet at region/county level. |
| Curriculum-Based Assessment (CBA) Provider | Responsible for provision of a curriculum-based assessment for determination of eligibility and/or development and evaluation of the initial and annual IFSP. Employed by DDSN (including subcontractors), DHEC, or SCSDB at region/county level. |
| Eligibility Review Team | Responsible for review of evaluation data to assure BabyNet eligibility requirements for receipt of Part C services are met prior to development of the initial IFSP. |
| BabyNet Service Coordinator | Responsible for coordination of all needed services as identified on each Individualized Family Service Plan (IFSP) for the duration of the child's eligibility for IDEA/Part C services. Employed by DDSN (including subcontractors), DHEC, or SCSDB at region/county level. If employed by DDSN, personnel also function as CBA providers and BabyNet Service Providers (special instruction). |
| BabyNet Service Provider | Responsible for provision of a service as identified on each Individualized Family Service Plan (IFSP) for the duration of the child's eligibility for IDEA/Part C services. Includes employees and subcontractors of DDSN, DHEC, DMH, and SCSDB. IF THIS BOX IS CHECKED, A BABYNET SERVICE IN SECTION 3B MUST ALSO BE CHECKED. |
| Technical Assistance Specialist | Responsible for provision of technical assistance in application of evidence-based practice in IDEA/Part C service coordination and delivery. |

Section 3B: BabyNet Service Provided

Check the IDEA/Part C service for which you are <u>licensed and/or certified</u> to provide, and are/could be the identified provider on a child and family's Individualized Family Service Plan. IDEA Part C requires all state early intervention programs to make available the sixteen services listed below. BabyNet services within South Carolina, in addition to the required IDEA Part C services, include services for children with autism spectrum disorders and language interpreter services. A description of each service can be found online in the policy link at http://www.scdhec.net/babynet/

| ı | Autism Services, program consultant and provider levels | Occupational Therapy (OT), including licensed assistants |
|---|---|---|
| | Assistive Technology | Physical Therapy (PT), including licensed assistants |
| | Audiology | Psychological Services |
| | Family Training, Counseling, Home Visits & Other Supports | Service Coordination |
| | Health Services | Social Work Services |
| | Language Interpretation, including sign language | Special Instruction |
| | Medical Services (diagnostic & evaluation only) | Speech-Language Pathology, including clinical fellows & licensed assistants |
| | Nursing Services | Transportation and related costs |
| | Nutrition Services | Vision Services (optometry, ophthalmology, and orientation & mobility) |
| | | |

Section 3C: Foreign Language/s

If 'Foreign Language Interpreter' is checked in Section 3B, please print the language/s you are <u>certified</u> to interpret. Interpreter requirements can be found online in the policy link to the Services Guide at http://www.scdhec.net/babynet/

| Section 4: Certification/Signature | | | | |
|------------------------------------|---|--|--|--|
| Field | d Required Information | | | |
| Α | Sign your name. IFYOU ARE SUMBITTING YOUR APPLICATION ONLINE, ENTER YOUR NAME IN THIS | | | |
| | FIELD. YOUR PRINTED NAME WILL SERVE AS YOUR LEGAL SIGNATURE FOR ONLINE SUBMISSION | | | |
| | OF THE APPLICATION. | | | |

Send application by mail or fax to: BabyNet Credentialing, ATTN: Glynda York

Enter the date the application is signed.

CDR, USC-SOM/PEDS, TECS

Columbia, SC 29208

Fax: (803) 935-5300

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