



DEPARTMENT of CHILDREN and FAMILIES
Making a Difference for Children, Families and Communities



Joette Katz
 Commissioner

Dannel P. Malloy
 Governor

Organization Credentialing Application Directions

***To ensure timely processing of your application, please return all of the listed items.
 Please keep a copy of all submitted documents for your records.***

Submit the following documentation listed below:

- Completed and Signed Original Organization Credentialing Application
- Completed DCF Area Office Listing Chart
- Copies of all applicable State Licenses
- Copies of any applicable Accreditations and/or Certifications
- Completed and signed IRS form W-9
- Staff Rosters for each service that the Organization is providing. A sample roster is included in the Credentialing Application
- Signed Confidentiality Statement and Ethics Agreement
- Signed Provider Agreement for each Service category to be credentialed (original signature required)
http://www.abhct.com/resources_DcfCredentialing.asp

The following additional items must be provided:

- Background checks for each employee listed on the Staff Rosters which cannot be dated longer than 6 months prior to date on the Credentialing Application. Two types of checks are required: DCF Child Protective Services (CPS) and State of CT Department of Public Safety. Instructions and Release of Information forms are included in the Credentialing Application.
- Background Checks for all key personnel including the executive director, clinical director, medical director, and contact person, which cannot be dated longer than 6 months prior to application. Two types of checks are required: DCF Child Protective Services (CPS) and State of CT Department of Public Safety. Instructions and Release of Information forms are included in the Credentialing Application.
- The following information must be provided for each employee that will be providing the following services:

Assessment and/or Behavior Management Services – Current Curriculum Vitae* with a minimum of three (3) years clinical work history providing assessments for children and adolescents indicated by month and year, Completed Professional Review Questionnaire, Signed Consent Form for Release of Confidential Disciplinary Records, Copy of Current License

Assessment: Perpetrator of Domestic Violence - Current Curriculum Vitae* with a minimum of two (2) years experience involving direct work with victims or batterers including 150 hours facilitating or co-facilitating a batterer intervention group or class or individual work with batterers specific to addressing issues of coercive control, Completion of CT Batterer Intervention Service Provider Curriculum, Ethics Statement, Certificate of Malpractice Insurance

After School Services Senior Group Leader or Senior Instructor – Completed and signed Statement of Experience Form, Current Resume*, Proof of Age 20 by copy of current CT motor

STATE OF CONNECTICUT
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 An Equal Opportunity Employer



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vehicle license or other government-issued photo identification, copy of current First Aid and CPR certificate from the American Red Cross or American Heart Association.

After School Services Group Leader or Instructor – Completed and signed Statement of Experience Form, Current Resume*, Proof of Age 18 by copy of current CT motor vehicle license or other government-issued photo identification, copy of current First Aid and CPR certificate from the American Red Cross or American Heart Association.

After School Services Assistant Group Leader – Completed and signed Statement of Experience Form, Current Resume* or detailed work history, Proof of Age 16 by copy of current CT motor vehicle license or other government-issued photo identification, copy of current First Aid and CPR certificate from the American Red Cross or American Heart Association.

Case Management specific to youth in CHAP - Statement of Experience Form and Current Resume*, copy of current motor vehicle license, copy of motor vehicle certificate of insurance. Copy of Department of Motor Vehicles Driving Record Background Check. Please note: Dept. of Public Safety Sex Offender Registry* and National Sex Offender Registry* checks will be completed by ABH.

Supervised Visitation, Therapeutic Support Staff and Support Staff - Statement of Experience Form, Current Resume*, copy of current motor vehicle license, copy of motor vehicle certificate of insurance, and copy of current First Aid and CPR certificate from the American Red Cross or American Heart Association.

Temporary Care Services - Statement of Experience Form or Current Resume* and Proof of Age 21 by Copy of Current motor vehicle license or birth certificate.

Supervisors for Therapeutic Support Staff, Support Staff & Assessment/DV Perpetrator - Written documentation of supervisory arrangement, supervisor's current resume*, and a copy of the master's level degree.

Supervisors of CHAP Case Managers - Written documentation of employment status of supervisor, supervisor's current resume* and Statement of Experience Form, copy of current motor vehicle license, copy of motor vehicle certificate of insurance.

Program Administrator or Site Director for After School Services – Completed and signed Statement of Experience Form, Current Resume*, Proof of Age 21 by copy of current CT motor vehicle license or other government-issued photo identification, copy of current First Aid and CPR certificate from the American Red Cross or American Heart Association.

* Resumes must include the following: (a) 5 years work history with an explanation of gaps more than 6 months; (b) university name, state degree listing and year of graduation (if applicable).

Send Completed Applications To:
Advanced Behavioral Health
Attn: DCF Credentialing Department
Middlesex Corporate Center
213 Court Street
Middletown, CT 06457
Phone: (860) 638-5309 Fax: (860) 638-5302

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