



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



M. Jodi Rell
Governor

Individual Provider 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.***

All individual applicants must provide the following:

- Completed and Signed Original Individual Provider Credentialing Application for each Service Type requested
- Completed DCF Area Office Listing Chart
- Completed and signed IRS form W-9
- Copies of Background Checks: Background checks 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.
- 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 for each Service Type as specified:

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 Practitioner License; Copy of Current Malpractice, Comprehensive Professional, General and/or umbrella Insurance Certificates which display the limits of liability and policy period Copy of Current Malpractice Insurance

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

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

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.

STATE OF CONNECTICUT
Phone (860) 550-6300 - Fax (860) 566-7947
505 Hudson Street, Hartford, Connecticut 06106-7107
E-Mail: commissioner.dcf@po.state.ct.us
www.state.ct.us/dcf
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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.

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.

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