

Advanced Behavioral Health®  
Judicial Branch  
Credentialing Verification Process

Applicant Check Sheet

***\*\*Please keep a copy of all submitted documents for your records.\*\****

- ✓ Signed Acknowledgement Regarding Provider Credentialing Information
- ✓ Signed Certification and Authorization Form
- ✓ Completed and Signed Written Disclosure and Consent to Request Consumer Report Information Form
- ✓ Completed and Signed DCF Child Protective Services (CPS) Background Check Request Form



***Please return all of the listed items to:***

Advanced Behavioral Health  
Attn: Credentialing Department - Judicial Branch  
Middlesex Corporate Center  
213 Court Street  
Middletown, CT 06457  
Phone: 860.638.5309  
Fax: 860.638.5302