

# Early Intervention Credential Extension Request Form

## “Temporary” Credential Status Extensions

A credential extension of **6 months** for credentialed “Specialist” and “Associate” Level Credentialed providers & **90 days** for credentialed Service Coordinators and Parent Liaisons may be granted due to non-compliance with Consultative Professional Experience and/or completion of training requirements established. A second and final extension may be granted due to extreme hardship or extenuating circumstances. Such requests will be evaluated on an individual case basis and must follow the prescribed procedures below.

**A letter from a CFC manager must accompany any request for a Temporary Credential Status extension in which the reason for the extension is the inability to accrue the required number of Consultative Professional Experience hours within the assigned time frame. THE REQUEST FROM THE CFC MANAGER MUST BE AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE.**

## “Full” Credential Status Extensions

A credential extension of up to **3 months** for “Full” Credentialed Providers may be granted due to non-compliance with the Continuing Professional Education requirements. Extension requests will be evaluated on an individual case basis due to extreme hardship and/or extenuating circumstances.

**Extensions must be requested via this form.**

---

### TO BE COMPLETED BY PERSON REQUESTING EXTENSION

Date: \_\_\_\_\_

Provider Name Requesting Extension: \_\_\_\_\_

Email address: \_\_\_\_\_

Credential & Credential #: \_\_\_\_\_

Date of Credential Expiration: \_\_\_\_\_ Credential Status: \_\_\_\_\_

Reason for Extension Request:

---

### FOR OFFICE USE ONLY

Credential Extension Granted:

**New Expiration Date:**

Reason Denied: