

**Early Intervention Ongoing Professional Development Plan Format  
(Required for all Except Service Coordinators and Parent Liaisons)**

I agree to participate in a system of ongoing professional development that includes a once a month non-billable meeting held either face-to-face or over the phone with either an individual specialist-level credentialed provider of a group, of which at least one member is a specialist-level credentialed provider in order to facilitate best practice through case review.

I will submit to the credentialing office complete ongoing professional development documentation forms when moving from a temporary to a full credential status and upon credential renewal. I will make documentation of ongoing professional development meeting available to DHS or its designee upon request.

Leave EI Credential Number blank if you are a new applicant.

\_\_\_\_\_  
Early Intervention Credential Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date