Application cannot be emailed or faxed

PROVIDER CONNECTIONS
PART C - EARLY INTERVENTION CREDENTIALING AND ENROLLMENT
FUNDED BY THE ILLINOIS DEPARTMENT OF EARLY CHILDHOOD

Early Intervention Credential Renewal Application

Applicants should use this application packet if renewing a current credential. Please review all materials and use the checklist below to determine if you have included all materials required to apply for an Illinois Early Intervention Credential.

	Component Needed	Completion Instructions	Yes	No
1.	Application for Early Intervention Renewal Credential **Required**	Applicant completes the demographic section, Part I, and Part II.		
2.	CFS 689 Authorization For Background Check (CANTS) **Required** A fingerprint is **not** required at renewal time unless indicated by Provider Connections.	Form must be sent with credential application for processing. You will receive an email from DCFS with instructions for you to authorize this background check process. **Allow 4 weeks for processing the DCFS CANTS (unless there are mitigating circumstances determined by DCFS).**		
3.	Documentation of 30 hours of Early Intervention approved continuing professional education taken within the current credential period. **Required**	Documentation of 30 hours of Early Intervention training in at least two of the following areas: • Development of Young Children: Typical and Atypical • Working with Families of Young Children with Disabilities • Intervention Strategies for Young Children with Special Needs • Assessment of Young Children with Special Needs		
4.	Early Intervention Ongoing Professional Development Plan Format **Required** **(Not applicable to Service Coordinators and Parent Liaisons.)**	Applicant agrees to participate in ongoing professional development by signing and returning this document.		
5.	The Ongoing Professional Development Documentation Form **Required** Completed forms are to be submitted at the time of renewal. **Meetings cannot be submitted after the initial renewal submission.**	Must submit documentation at the time of renewal that included date, location, and signature of credentialed peer in which meetings occurred during the 3-year credential period. **A signature is required for each meeting. If meetings are not initially submitted, a written plan for Ongoing Professional Development is required. A 1-year Monitored credential will be issued.**		
6.	Professional License, if applicable	Submit a copy of IDFPR license or if BCBA, a copy of national certificate.		
7.	Early Intervention Program - Acknowledgment of Supervisor (Assistants Only, including CFYS)	Associate-level provider will complete the form.		

Return completed applications to:
Please use the appropriate address below based on your shipping method.

USPS Mailing Address

If you are mailing documents or information through USPS, please use the following address:

Center for Best Practices in Early Childhood Education
Western Illinois University
#20 Horrabin Hall
1 University Circle
Macomb, IL 61455

UPS, FedEx, DHL, and Other Shipping Carriers

If you are shipping documents or information through any carrier other than USPS, please use the following address**:**

Provider Connections
Western Illinois University
950 N Western Ave, Horrabin Hall, Room 20
Macomb, IL 61455

Faxed or emailed copies not accepted.

Do not duplex or double-side.

Instructions for Completing the Illinois EI Credential Renewal Applications

1. Provider Connections now collects your entire Social Security Number.

2. Thirty hours of Early Intervention approved training taken within the credential period is required. Submit as much continuing education as you have 60 days before the credential expiration date. To confirm that the training is EI approved, visit https://blogs.illinois.edu/view/6039/119776. Additional continuing education hours may be submitted through the expiration date. All certificates submitted for initial credentialing or for renewal purposes must include computer-generated names on them. Items submitted with handwritten names will not be accepted and could cause your application to be delayed in processing. If you have been issued a certificate with a space to write your name, please contact the sponsoring organization and request that they return a certificate with your name pre-printed on it. **This policy does not apply to trainings designated as conferences on the certificate.**

3. The DCFS Authorization for Background Check (CANTS) must be submitted to Provider Connections with the credential renewal application. You will receive an email from DCFS with instructions for you to authorize this background check process. **We ask for the entire renewal application no more than 60 days before the credential expiration date. Allow 4 weeks for processing the DCFS CANTS (unless there are mitigating circumstances determined by DCFS).** While you are able to reach out to DCFS to have your background check expedited there, it is reviewed by the Provider Connections team with the group that it was sent out with so the process is still 4-6 weeks, to avoid delays in your background check, make sure you send your renewal in as soon as possible.

4. A fingerprint is **not** required at renewal time unless indicated by Provider Connections.

5. Applicants need to submit the Ongoing Professional Development Plan Format.

6. The Ongoing Professional Development Documentation Form must be submitted at the time of credential renewal. A signature is required for each meeting. Lines drawn down the page, the word, "same," or quotation marks are not appropriate. Seventy-five percent of the once-per-month meetings conducted during the 3-year credential period must be present. **Failure to submit this at the time of renewal will result in a monitored status after the submission of a written plan for Ongoing Professional Development that lists an Illinois Early Intervention Credentialed Provider who will assist in fulfilling the requirement. We cannot accept the forms after the initial renewal submission.**

7. Home addresses are required on all credential applications. The credential belongs to you rather than your agency. Provider Connections communicates with providers via email. It is important to keep Provider Connections apprised of any home address or email changes. Please use a personal business email or home email address.

8. You may submit a printed copy of the licensee's record from the Illinois Department of Financial and Professional Regulation's website in lieu of a photocopy of your state professional license. If your license expires during the month you are applying for the credential or for renewal, Provider Connections must have a copy of your renewed license. If you are a BCBA, a copy of your national certification is required.

9. All providers must complete the Early Intervention Verification section of the application. Provider Connections cannot process an application if this section is not completed and signed by the applicant.

A complete description of EI Credential Requirements is available in EI Rule 500, Section 500.60, Provider Qualifications/Credential and Enrollment at https://www.ilga.gov/commission/jcar/admincode/089/08900500sections.html

10. Associate-level providers must complete the Early Intervention Program - Acknowledgment of Supervisor form upon renewal and anytime a new supervisor or agency is added.

Faxed or emailed copies will not be accepted.
Do not duplex or double-side.

ILLINOIS EARLY INTERVENTION CREDENTIAL RENEWAL APPLICATION

Full Legal Name _____
First Middle Last

Individual NPI# (10 digits) _____ SSN# _____

Home Address _____

City _____ State _____ Zip+4 Code _____ - _____

Daytime Telephone _____ Fax _____

Home/Cell Telephone _____ CFCs Served _____

Home County _____ Email _____

PART I: EARLY INTERVENTION VERIFICATION

To be issued a credential and to maintain a credential, I verify the following by placing an X or a √ next to the following statements:

_____ I am not delinquent in paying a child support order as specified in Section 10-65 of the Illinois Administrative Procedure Act [5 ILCS 100/10-651];

_____ I am not in default of an education loan in accordance with Section 2 of the Education Loan Default Act [5ILCS 385/2];

_____ I have not served or completed a sentence for a conviction of any of the felonies set forth in 225 ILCS 46/25 (a) and (b) within the preceding five year [30 ILCS 500/50-10];

_____ I have not been indicated as a perpetrator of child abuse or neglect in an investigation by Illinois or another state for at least the previous five years;

_____ I am in compliance with pertinent laws, rules, and government directives regarding the delivery of services for which I seek credentialing.

_____ _____
Signature Date

PART II: EARLY INTERVENTION CREDENTIAL RENEWAL

Type of Visit **In-Person** **LVV** **Both**

Credential #: _____ Credential Type:_____

License #: Date of Expiration:

(include a copy of license

Faxed or emailed copies will not be accepted
Do not duplex or double side pages

CFS 689
Rev 6/2024

State of Illinois
Department of Children and Family Services
AUTHORIZATION FOR BACKGROUND CHECK
Child Abuse and Neglect Tracking System (CANTS)
For Programs NOT Licensed by DCFS

Providers: Please return this form to Provider Connections with your application.

Last Name	First Name	Middle Name	Date of Birth	Gender assigned at birth
				Female

Ethnicity

Not Hispanic (None)

Email

Race Select all that apply

- ☐ Asian
- ☐ Black/African American
- ☐ Native American/Alaskan (Indian or Eskimo)
- ☐ Native Hawaiian/Pacific Islander
- ☐ Unknown
- ☐ White

Early Intervention Ongoing Professional Development Plan Format (Required for all Except Service Coordinators and Parent Liaisons working for Child and Family Connections)

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.

_____

Early Intervention Credential Number

_____

Signature

_____

Date

Ongoing Professional Development Documentation Form
(Required for all Except Service Coordinators and Parent Liaisons working for Child and Family Connections)

This form is required to document Ongoing Professional Development. Substitute forms will not be accepted. Duplicate this form as needed. A copy of this form must be forwarded to Provider Connections when moving from temporary to full and with credential renewal materials documenting ongoing professional development activities for the respective months of the credentialing period. **We accept one (1) meeting per month toward your professional development hours.**

Provider Name _____ **Year** _____ (indicate 1, 2, or 3)

Credential # _____

Date of Meeting	Location	Signature of Credentialed Peer and Peer's Credential #

Must be completed and submitted to Provider Connections when moving from temporary to full and with credential renewal applications.

Early Intervention Program - Acknowledgement of Supervisor

In order to qualify for an Early Intervention (EI) associate-level credential, an assistant and/or CFY must identify a supervisor who is an active EI-credentialed provider, in the same discipline, prior to receiving or continuing to hold an EI credential. If at any time there is a change in supervisor, this form must be re-submitted so consistent supervision may be confirmed.

This form is required to be completed and kept up to date for EI associate-level providers, including Speech-Language Pathologists (SLP) in their Clinical Fellowship Year (CFY).

Supervisors of EI credentialed associate-level providers agree to:

- Follow any and all State licensing requirements and/or supervisory requirements pertinent to the individual's delivery of services
- Follow supervision requirements as listed in *Title 89: Social Services, Chapter IV: Department of Human Services, Subchapter E: Early Childhood Services, Part 500 Early Intervention Program, Section 500. Appendix D - Use of Associate-Level* Providers
- Agree to the policy and procedures of supervision as outlined in the *Illinois Early Intervention Provider Handbook, Chapter 3.*

Assistant's Name: _____ **Discipline:** _____ **Credential #:** _____
(Leave blank if you are a new applicant)

Please list the name of the EI-credentialed provider who will be providing supervision.

Supervisor's Name	**Credential #**	**Payee (Agency/Company)**	**Email Address**	**Start Date** (MM/DD/YY)	**End Date** (MM/DD/YY)

_____ _____
Assistant's Signature **Date of Submission**