

**DISTRICT SPECIALTY CERTIFICATION FORM**

Complete this form to certify a Provider's Specialty has been credentialed by a District.

[www.BCW-BIBS.com](http://www.BCW-BIBS.com)**Add/Modify Specialty**

Complete this section when adding a new provider and their associated specialty or specialties. Complete a separate form for each provider.

☐ **Agency Provider**☐ **Independent Provider**☐ **District Employee**

District Name (if applicable): \_\_\_\_\_

Provider First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Early Intervention Specialty**

Please indicate all specialties which apply and the date the specialty became effective.

Add	Modify	Delete	Specialty	Effective Date
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Audiologist	/ /
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Board Certified Behavior Analyst (BCBA)	/ /
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Board Certified Behavior Analyst - Doctoral (BCBA-D)	/ /
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Counseling – Licensed Professional	/ /
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dietitian	/ /
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Early Intervention Assistant	/ /
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Early Intervention Specialist	/ /
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Early Interventionist	/ /
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intake Coordinator	/ /
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interpreters for the Deaf	/ /
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nurse – Registered (RN)	/ /
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nurse- Licensed Nurse Practitioner (LNP)	/ /
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nurse- Licensed Practical (LPN)	/ /
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Occupational Therapist	/ /
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ophthalmologist	/ /
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Optometrist	/ /
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical Therapist	/ /
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physician	/ /
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physician Assistant	/ /
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Psychologist - Licensed	/ /
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Registered Behavior Technician (RBT)	/ /
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Service Coordinator	/ /
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Social Worker - Licensed Clinical	/ /



BABIES CAN'T WAIT

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speech Language Pathologist (SLP) - Clinical Fellow	/	/
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speech Language Pathologist (SLP)	/	/
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Translator: Non-Spanish Foreign Language	/	/
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Translator: Spanish Language	/	/
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vision Teacher	/	/

A signature by the District below certifies provider specialties have been credentialed by the District.

District Signature \_\_\_\_\_ Date \_\_\_\_\_

District Contact Name (please print) \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

Please complete this Specialty Certification Form and submit to your District

Central Finance Office  
Phone: 855-708-6612