

PROVIDER/CONTRACTOR CREDENTIALING CHECKLIST

Elwyn

Today's Date: _____ Provider's Name: _____ Position: _____
 Agency Name: _____

Checklists must be sent to ELS.Credentials@elwyn.org for approval *prior* to staff providing any services.

Employee Hire Date: _____ Email Address: _____ Phone Number: _____
 Employee End Date: _____ ELS Location: _____ Employment Type with Agency: _____ Current Elywn Employee/ 1099
 Leave of Absent Start Date: _____ Leave of Absent End Date: _____

NOTE: All documents must be sent in (1) PDF readable document. Photos of documents are NOT acceptable.

Compliance Item	Description	Enclosed	Needed
Act 24 Arrest/Conviction Report	For the written reporting of any arrest or conviction for an offense enumerated under 24 P.S. §§1-111(e) and (f.1).	<input type="radio"/>	<input type="radio"/>
ACT 126 Mandated Reporter Certification	The ACT 126 or ACT 31 is a mandatory 3-hour training requirement for all providers. A link to the training can be found here . This training must be renewed every five years, unless the provider's certification requires more frequent training. For specific providers such as Speech-Language Pathologists (SLP), Physical Therapists (PT), and Occupational Therapists (OT), proof of completion for a two-hour training session can be submitted instead, with renewal required every two years.	<input type="radio"/>	<input type="radio"/>
Child Abuse Clearance	Must be current within 24 months of First Date of Services at with Elwyn and must be renewed at least every 60 months (5 years) .	<input type="radio"/>	<input type="radio"/>
PA Criminal History Clearance	Information collected by PA State Police Repository. Only for individuals in the State of Pennsylvania, must be current within 24 months of First Date of Services with Elwyn must be renewed every 60 months (5 years) .	<input type="radio"/>	<input type="radio"/>
FBI Clearance	Information collected by Federal Bureau of Investigation for all individuals in the USA. FBI reports must come from the PA Dept. of Education or Department of Human Services. Must be current within 24 months of First Date of Services with Elwyn and be renewed every 60 months (5 years) .	<input type="radio"/>	<input type="radio"/>
Act 168 of 2014	Agencies must send Act 168 forms for all employees to their current employer and all previous employers for whom the candidate had direct contact with children. Agencies must submit copies of the emails sent to employers for Act 168 requests and any returned forms to elscredentials@elwyn.org .	<input type="radio"/>	<input type="radio"/>
CPR/ First AID Certification	RN: Required and Certifications must be current at all times LPN: Required and Certifications must be current at all times PCA: Required and Certifications must be current at all times. ABA/PCA: Required and Certifications must be current at all times. BSS: Required and Certifications must be current at all times	<input type="radio"/>	<input type="radio"/>
Professional Liability Insurance	Independent Contractors: Must carry individual Liability Insurance Coverage. Must submit a copy of Liability Insurance Coverage prior to contracting for ELWYN SEEDS Provider Agency Employees: Will be covered under the agency's Liability Insurance Coverage. A copy of the agency's Liability Insurance Coverage must be on file with ELWYN SEEDS Contracted Agency Employees: Will be covered under Contracted Agency's Liability Insurance Coverage. A copy of the agency's Liability Insurance Coverage must be on file with ELWYN SEEDS	<input type="radio"/>	<input type="radio"/>



PROVIDER/CONTRACTOR CREDENTIALING CHECKLIST

Elwyn

Today's Date: Provider's Name: Position:
 Agency Name:

Professional Licensure	<i>Required by Pennsylvania Department of State for the following Positions: Current copy of License is required.</i>	<input type="radio"/>	<input type="radio"/>
Certification Type		<input type="radio"/>	<input type="radio"/>
Degree/Education	<i>Please Included a copy of the provider's Highest Degree attained, or the specific Degree necessary for position:</i>	<input type="radio"/>	<input type="radio"/>

Staff Work Schedule

Please check **only ONE** provider work schedule:

- M-F 8:00AM-3:30PM
- M-F 2:00AM-6:00PM
- M-F 12:00PM-4:00PM
- M-F 8:00AM-12:00PM
- M-F 8:00AM-5:00PM
- M-F 8:00AM-3:00PM
- M-F 8:00AM-4:00PM
- M-F 8:00AM-6:00PM
- M-F-7:00AM-6:30PM
- M-F 7:30AM-6:00PM
- M-F 9:00AM-5:00PM
- MWF 8:00AM-12:00PM
- MWF 12:00PM-4:00PM
- MWF 2:00PM-6:00PM
- TR 8:00AM-12:00PM
- TR 12:00PM-4:00PM
- TR 2:00PM-6:00PM



PROVIDER/CONTRACTOR CREDENTIALING CHECKLIST

Elwyn

Today's Date: Provider's Name: Position:
 Agency Name:

Checklists must be sent to ELS.Credentials@elwyn.org for approval *prior* to staff providing any services.

- ❖ Is this employee currently providing services or adding a role? Yes No
- ❖ Will this employee have an Admin Role? Yes No
- ❖ Is this employee a Full-time temp? Yes No

Please check all services that the provider will be providing:

Title	
Administrative	<input type="checkbox"/>
Assistant Teacher/Teacher Aid	<input type="checkbox"/>
Audiologist	<input type="checkbox"/>
Behavior Support	<input type="checkbox"/>
BCBA	<input type="checkbox"/>
Classroom Teacher	<input type="checkbox"/>
Clinical Psychologists	<input type="checkbox"/>
Nurse (LPN)	<input type="checkbox"/>
Nurse (RN)	<input type="checkbox"/>
Occupational Therapy	<input type="checkbox"/>
Orientation & Mobility	<input type="checkbox"/>
Personal Care Assistant	<input type="checkbox"/>
Physical Therapy	<input type="checkbox"/>
Physical Therapist Assistant	<input type="checkbox"/>
School Psychologist	<input type="checkbox"/>
Special Instruction (teacher Itinerant)	<input type="checkbox"/>
Speech and Language Therapy	<input type="checkbox"/>
Teacher of the Hearing Impaired	<input type="checkbox"/>
Teacher of the Visually Impaired	<input type="checkbox"/>

PROVIDER/CONTRACTOR CREDENTIALING CHECKLIST

Elwyn

Today's Date: Provider's Name: Position:
 Agency Name:

Checklists must be sent to ELS.Credentials@elwyn.org for approval *prior* to staff providing any services.

Relias Enrollment Checklist

Learning Path Types	Description	Select an Option
Clinical	<p>Select this option if:</p> <ol style="list-style-type: none"> The individual delivers direct services to children The individual is a Teacher or Assistant Teacher The individual delivers consultative services to parents, IEP team members, or early childhood teachers. The individual is a clinical supervisor at your agency and provides clinical guidance and direct oversight to individuals delivering services to ELS students and families. <p>Note: Clinical staff will complete the ELS annual Learning Path and all professional development requirements for service delivery</p>	<input type="checkbox"/>
Administrative/Operational	<p>Select this option if:</p> <ol style="list-style-type: none"> The individual does not deliver direct services or consultative services to children, families or early childhood teachers The individual primarily performs administrative functions such as referral coordination, data entry, compliance oversight, hiring, non-clinical supervision, and other management functions that do not include clinical oversight of direct service delivery to children and families. <p>Note: Administrative/Operational staff will only be required to complete administrative trainings, such as Sprout training</p>	<input type="checkbox"/>
Both Clinical and Administrative/Operational	<p>Select this option if:</p> <ol style="list-style-type: none"> Individual is the owner/manager of the agency and delivers direct services to children and families. Individual provides clinical supervision to staff and also performs non-clinical administrative functions on a regular basis as part of his/her role. <p>Note: Individuals in this category will complete the clinical Learning Path and will also be assigned Sprout trainings</p>	<input type="checkbox"/>

PROVIDER/CONTRACTOR CREDENTIALING CHECKLIST

Elwyn

Today's Date: _____ Provider's Name: _____ Position: _____
 Agency Name: _____

Checklists must be sent to ELS.Credentials@elwyn.org for approval *prior* to staff providing any services.

Relias Enrollment Checklist

Learning Path Location	Description	Select an Option
Classroom	<p>Select this option if:</p> <ol style="list-style-type: none"> Individual is a classroom teacher in an early childhood special education classroom in an early intervention center or Approved Private School Individual is an Assistant Teacher in an early childhood special education classroom in an early intervention center or Approved Private School Individual ONLY delivers services in early childhood special education classrooms in early intervention centers and/or Approved Private Schools Individual ONLY provides administrative oversight for service delivery in early childhood special education classrooms in early intervention centers and/or Approved Private Schools 	<input type="checkbox"/>
Community	<p>Select this option if:</p> <ol style="list-style-type: none"> Individual delivers services in homes, by appointment at community locations, in community early childhood programs, and/or facilitates groups. Individual does NOT deliver services in early childhood special education classrooms in early intervention centers or Approved Private Schools Individual ONLY provides administrative oversight for service delivery in homes, by appointment at community locations, in community early childhood programs, or for group facilitation. 	<input type="checkbox"/>
Hybrid	<p>Select this option if:</p> <ol style="list-style-type: none"> Individual delivers services in homes, by appointment at community locations, in community early childhood programs and/or facilitates groups AND individual also delivers services in early childhood special education classrooms in early intervention centers and/or Approved Private Schools Individual delivers administrative/clinical oversight for service delivery in homes, by appointment at community locations, in community early childhood programs, in groups AND for service delivery in early childhood special education classrooms in early intervention centers and/or Approved Private Schools 	<input type="checkbox"/>