



Infant & Toddler Connection of Virginia

ITOTS

Practitioner Application Manual

March 2015

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Introduction

This document is designed to guide you through the process of becoming certified as a practitioner with the Infant & Toddler Connection of Virginia. To do this you will need to go to the online application on the www.infantva.org web site. The link is in the section of the web called “For Providers” Please click on the link that reads “Practitioner Certification Application”. The specific address for this application is: <http://www.eicert.dbhds.virginia.gov/>.

You will need to have the following information available when completing the application:

- Your name exactly as it appears on your license or discipline specific certificate.
- The expiration date (MM/DD/YYYY) of your license or discipline specific certificate.
- The dates (MM/DD/YYYY) you completed the required training modules.

Creating a User Account

The first step in the process of becoming a Certified Part C Provider is to create an account. When you navigate to the certification module your initial screen will look like this:



Click “Create a new Account” hyperlink to begin.

In the next Window, you will be asked for information which will be used to set up your account:

Select a username that will be easy for you to remember.

The initial screen will ask you for the information shown to the right.

All fields on this screen are required. When creating a password, create a strong password. For a password to be strong, it should:

Be at least eight characters long.

Contain at least one character from three of the following three groups:

Uppercase letters: A, B, C...

Lowercase letters: a, b, c...

Numerals: 0, 1, 2, 3, 4, 5, 6, 7, 8, 9

Symbols (~!@#\$%^&*()_+==`) cannot be used in your password.

Complete the information requested and click on the button that reads "Create Account". The name you list here will populate into your demographic information screen. If you list your name as it appears on your license or certificate, you will not need to change how your name is listed in the demographic section

If a required field is left blank, or does with a red text message.

not meet requirements, it will be marked

Add the required information and click "Create Account" to continue. It will facilitate the approval of your certification application if you use the same email when signing up for this account as you used for the online training modules.

SIGN UP FOR YOUR NEW ACCOUNT

Your account has been successfully created.

Continue

If all information is entered and there is not a duplicate email address or username, after clicking “Create Account” you will see a screen that confirms your account has been created.

Press “Continue” to move to the next screen.

The subsequent screen is the Home screen.

Home » Early Intervention Certification

EARLY INTERVENTION CERTIFICATION

User Manual

MY ACCOUNT

- dhmills
- Logoff
- Update Account
- Change Password

MY PROFILE

- Demographic Information
- Agency Information
- Disciplines & Qualifications

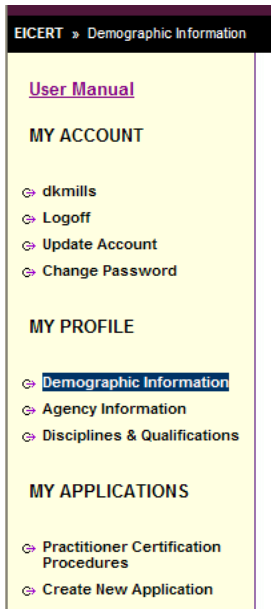
MY APPLICATIONS

- Practitioner Certification Procedures
- Create New Application
- View Application History

Infant & Toddler Connection of Virginia



The menu on the left side of the screen will change allowing for more choices. Pages, tabs or information you have access to are bolded. Those you do not yet have access to are grayed out. Steps in the application process must be taken sequentially until completion before the application may be submitted.



- ← A hyperlink to the user manual is available for your reference.
- ← The username appears just above the hyperlink text used to log off
- ← Below the Logoff are hyperlinks to Update Account and Change Password.

Update Account Information

To update your account information, click on the hyperlink that reads “Update Account”. You must enter your current password for verification to update the account. You may also change your security question here.

Change Password

To change your password, click on the hyperlink that reads “Change Password.” From there you will be directed to enter your old password followed by your new password

and then confirm your password selection. Click on “Change Password” below the words “Confirm New Password” to save your change.

Forgotten Password

LOG ON

User Name:

Password:

Your logon attempt was not successful. Please try again.

[Create a new Account](#)
[Forgot Password](#)

If you should type in the wrong password while attempting to log on, you will receive an error message. If you have forgotten your password,

← A hyperlink to retrieve your password is available.

Click on “Forgot Password” to start the process which will allow you to reset your password.

Enter your username and press submit.

FORGOT YOUR PASSWORD?

Enter your User Name to reset your password.

User Name:

FORGOT YOUR PASSWORD?

Answer the following question to receive your new password.

User Name: dkmills

Question: What color is sky?

Answer:

You will be asked your security question.

Enter the answer to your security question and press submit.

FORGOT YOUR PASSWORD?

Answer the following question to receive your new password.

User Name: dkmills

Question: What color is sky?

Answer:

You will be sent an email which includes a link to reset your password. If the email you originally used to set up the account is no longer in use, please contact David Mills (808) 371-6593 or david.mills@dbhds.virginia.gov.

Logoff

[User Manual](#)

MY ACCOUNT

- dkmills
- **Logoff**
- Update Account
- Change Password

← Click on the hyperlink “Logoff” to close your session with the certification application.

My Profile

Demographic Information

The next step in creating an account is to complete the Demographic Information.

EICERT » Demographic Information

[User Manual](#)

MY ACCOUNT

- dkmills
- Logoff
- Update Account
- Change Password

MY PROFILE

- **Demographic Information**
- Agency Information
- Disciplines & Qualifications

MY APPLICATIONS

DEMOGRAPHIC INFORMATION

Enter your first, middle, and last names as they appear on your license/certification

First Name Primary Phone

Middle Name Alternate Phone

Last Name Confidential Fax

Preferred Name Email

Mailing Address

City State Zip Code

DEMOGRAPHIC INFORMATION

Enter your first, middle, and last names as they appear on your license/certification

First Name Primary Phone **Primary Phone is required.**

Middle Name Alternate Phone

Last Name Confidential Fax

Preferred Name Email

Mailing Address

Zip Code is required.

City is required.

City State Zip Code

Complete the information requested on the screen and click on the word "Save". Note that in this screenshot, all required fields have been identified by red text. The fields Middle Name, Alternate Phone, Confidential Fax and Preferred Name are not required.

After entering the rest of the information on the screen, click on "Save" to continue. When entering the address, if you enter the zip code first it will automatically populate the city and state fields

With the demographic information completed, it is time to create Agency Relationships.

DEMOGRAPHIC INFORMATION

Enter your first, middle, and last names as they appear on your license/certification

First Name Primary Phone

Middle Name Alternate Phone

Last Name Confidential Fax

Preferred Name Email

Mailing Address

City State Zip Code

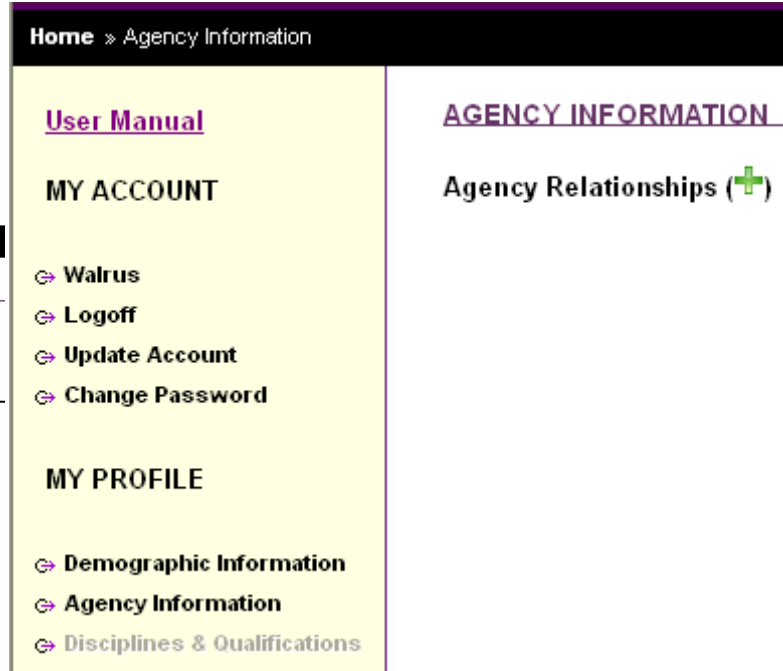
Agency Relationship

First click on the words “Agency Information” to complete this section of your profile.

Click on the green plus to create a relationship.



You must create a relationship with each local system for which you provide services.



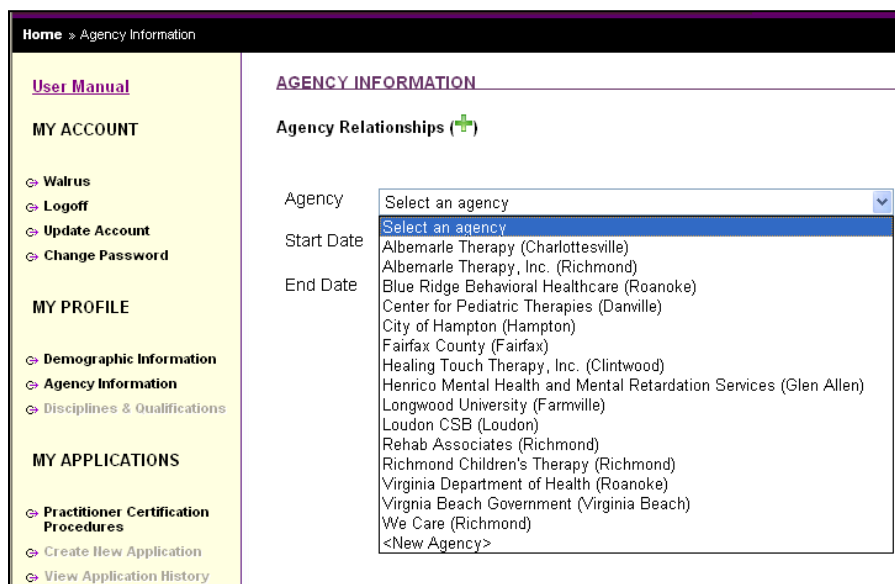
The following list matches each local infant & Toddler Connection System and their corresponding lead agency.

Infant & Toddler Connection of	Lead Agency
Alexandria	Alexandria CSB
Arlington	Public Health Division, Dept. Human Services Arlington
Chesapeake	Chesapeake CSB
Chesterfield	Chesterfield CSB
Crater District	District 19 CSB
Cumberland Mountain	Cumberland Mountain CSB
Danville-Pittsylvania	Danville- Pittsylvania CSB
DILENOWISCO	PD1 Behavioral Health Services
Fairfax-Falls Church	Fairfax CSB
Goochland-Powhatan	Goochland-Powhatan CSB
Hampton-Newport News	City of Hampton
Hanover	Hanover County Public Schools
Harrisonburg/Rockingham	Harrisonburg-Rockingham CSB
Henrico-Charles City-New Kent	Henrico Area Mental Health and Retardation Services Board
Loudoun	Loudoun CSB
Middle Peninsula-North Neck	Middle Peninsula-Northern Neck CSB
Mount Rogers	Mount Rogers CSB
Norfolk	Norfolk CSB
Portsmouth	Portsmouth CSB

Infant & Toddler Connection of	Lead Agency
Prince William, Manassas and Manassas Park	Prince William County CSB
Rappahannock-Rapidan Southside	Rappahannock-Rapidan CSB
the Alleghany-Highlands	Southside CSB
the Blue Ridge	Alleghany Highlands CSB
the Eastern Shore	Region Ten CSB
the Heartland	Eastern Shore CSB
the Highlands	Longwood University
the New River Valley	Highlands CSB
the Piedmont	Radford University
the Rappahannock Area	Piedmont CSB
the Roanoke Valley	Rappahannock Area CSB
the Rockbridge Area	Virginia Department of Health - Roanoke District
Valley	Rockbridge Area CSB
Virginia Beach	Augusta County Public Schools
Western Tidewater	Virginia Beach CSB - Department of Human Services
Williamsburg*James City*York Poquoson	City of Franklin
	Colonial CSB

You must also create a relationship for all agencies for which you work.

If the agency you are searching is not listed, select “<New Agency>” from the list to add the agency.



Click on the dropdown arrow to scroll through all of the agencies and local Infant & Toddler Connection Systems that have been entered into the database. Note that agencies are listed with the agency name as well as the city in which the office resides. Note that relationships have an associated city with them. Two agencies

with the same name but having offices in will be identified separately by their city of location. If the agency you work with has offices in several cities, be certain you select the correct agency and city.

Be certain to select the correct agency and city as appropriate

AGENCY INFORMATION

Enter your name if you are an independent practitioner

Agency Name

Web Site

Phone Number NPI

Fax Number API

Mailing Address

City State Zip Code

This is the information necessary to add a new agency to the list. Once this information has been entered and saved it can only be edited by an administrator.

It is recommended that agencies with multiple personnel coordinate the entry of agency information so that the appropriate phone/fax/address information is entered by one person before the rest of the agency staff so that

subsequent staff from that agency has the accurate choice from the list.

If you as a practitioner operate as an individual, enter yourself as an agency.

Agencies with multiple offices or locations may create individual entries for each satellite office. These agencies will be identified on the agency dropdown list as [[Agency Name (city/county location)]]. Once saved, new agency information will be added to the dropdown list and be available statewide for providers seeking certification.

After completing the form, click “Save” to add the agency to the list. If a required field is left blank, it will be marked by a message in red. For agency information, all fields are required with the exception of web site and fax number. In addition, each agency must have a National Provider Identification (NPI) or Alternate Provider Identification (API) number.

Providers must establish an agency relationship for each agency they work for as well as for each local Infant & Toddler Connection system in which they plan to provide services. Individuals hired directly by one local Infant & Toddler Connection system need only establish an agency relationship with the system they work for.

Agency

Start Date

End Date

June, 2009				
Mo	Tu	We	Th	Fr
25	26	27	28	29
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
Today: June 16, 2009				

The second part of selecting an agency relationship is to select a start date for each Agency Relationship developed. This date should be the date of hire or start of contract. Click Save to complete the

establishment of an agency relationship. Individuals who are seeking certification but have not yet been hired by an agency should enter themselves as an agency.

Disciplines and Qualifications

[User Manual](#)

MY ACCOUNT

- dkmills
- Logoff
- Update Account
- Change Password

MY PROFILE

- Demographic Information
- Agency Information
- Disciplines & Qualifications

DISCIPLINES & QUALIFICATIONS

Disciplines (+)

Once demographic and agency information have been completed, you must log your disciplines and qualifications. Click on the words "Disciplines & Qualifications" to open that tab. Then, click the green "+" next to disciplines.

The discipline selection tool will open.

DISCIPLINES & QUALIFICATIONS

Disciplines (+)

Discipline

Click on the drop down arrow to reveal the list of disciplines.

Educator of the Visually Impaired
 Educators - including Early Childhood Special Education
 Family and Consumer Science Professional
 Family Therapist
 Licensed Practical Nurse
Music Therapist
 Nurse - includes Registered Nurse and Nurse Practitioner
 Occupational Therapist
 Occupational Therapy Assistant
 Orientation and Mobility Specialist
 Physical Therapist
 Physical Therapy Assistant
 Physician
 Psychologist – including Clinical psychologist
 Psychologist, Applied
 Psychologist, School
 Social Worker – including Licensed Social Worker
 Social Worker Licensed Clinical

DISCIPLINES & QUALIFICATIONS

Disciplines (+)

Discipline

Select your discipline and click “Save Discipline”

DISCIPLINES & QUALIFICATIONS

Disciplines (+)

Discipline		
Music Therapist	Qualifications	Delete

To add a qualification to your discipline, click on the word “Qualifications”

Discipline		
Music Therapist	Qualifications	Delete

Qualifications (+)

Click on the green plus to add a qualification

Qualifications (+)

Qualification

License Number

Expiration Date

Click the drop down box to select your qualification. All qualifications must have an associated discipline.

Select the appropriate qualification for your discipline.

Microsoft Internet Ex Select a Qualification

is Help

Virginia Department of **mental Retard**

bus Service

DISCIPLINES & Q

Disciplines (+)

Discipline

Music Therapist

Qualifications (+)

Qualification

License Number

Expiration Date

- Select a Qualification
- Cert Orientation and Mobility Specialists cert from the Academy for Cert of Vision Rehab and Ed Prof
- Certification as Nurse Aide by the Virginia Board of Nursing
- Certification by Board of Certification for Music Therapy (MT-BC)**
- Certification through the National Council on Therapeutic Recreation Certification
- Empl in VA EI on/after 7/1/09: Cert thru Am Assoc of Family & Consumer Sci-human dev & fam studies
- Employed in VA Part C system before 7/1/09: Cert through Am Assoc of Family and Consumer Sciences
- GED, High School Diploma or College Degree
- Licensure as Applied Psychologist by Virginia Board of Psychology
- Licensure as Clinical Psychologist by Virginia Board of Psychology
- Licensure as Licensed Clinical Social Worker by the Virginia Board of Social Work
- Licensure as Licensed Professional Counselor by the Virginia Board of Counseling
- Licensure as Licensed Social Worker by the Virginia Board of Social Work
- Licensure as Marriage and Family Therapist by the Virginia Board of Counseling
- Licensure as Occupational Therapist Assistant by the Virginia Board of Medicine
- Licensure as Occupational Therapist by the Virginia Board of Medicine
- Licensure as Physical Therapist Assistant by the Virginia Board of Physical Therapy
- Licensure as Physical Therapist by the Virginia Board of Physical Therapy
- Licensure as Practical Nurse by the Virginia Board of Nursing
- Licensure by the Virginia Board of Nursing as a registered nurse or as a nurse practitioner
- Licensure in Audiology by the Board of Audiology and Speech-Language Pathology
- Licensure in Medicine or Osteopathic Medicine by the Virginia Board of Medicine
- Licensure in Speech-Language Pathology by the VA Board of Audiology and Speech-Language Pathology
- Licensure with an endorsement as a School Counselor (pre K – 12) through VA Bd of Educ
- Licensure with an endorsement in Special Ed - Early Childhood (birth-5) through VA Bd of Educ
- Licensure with endorsement as a school social worker through the Virginia Board of Education
- Licensure with endorsement in Career and Tech Ed-Family and Consumer Sciences thru VA Bd of Educ
- Licensure with endorsement in Early/Primary Education (PreK – 3) through VA Bd of Educ
- Licensure with endorsement in School Psychology through the Virginia Board of Education
- Licensure with endorsement in Special Ed - Hearing Impairments (pre K-12) through the VA Bd of Educ

To complete the qualification, enter in your license number and the date of expiration when applicable.

Qualifications (+)

Qualification	<input type="text" value="Certification by Board of Certification for Music Therapy (MT-BC)"/>
License Number	<input type="text" value="123456789"/>
Expiration Date	<input type="text" value="6/2/2011"/>

Then click on "Save Qualification".

Take care when entering your information. Certification Review Specialists will not be able to edit your information. Incorrect dates, numbers or qualification selections will delay your approval until you have made all appropriate corrections.

Once selected, a qualification may be edited or deleted

Qualifications (+)

Qualification	License Number	Expiration Date
Edit Certification by Board of Certification for Music Therapy (MT-BC)	123456789	06/02/2011

Edit your qualification by recording the new expiration date in place of the existing date when your expiration date changes. Delete the qualification when it is no longer valid.

Deleting a discipline will delete both the discipline as well as any associated qualifications.

A practitioner may select as many disciplines and qualifications as appropriate.

All disciplines must have appropriate qualification selected.

Disciplines (+)

Discipline		
Audiologist	Qualifications	Delete
Music Therapist	Qualifications	Delete
Occupational Therapist	Qualifications	Delete
Social Worker, Licensed Clinical	Qualifications	Delete

Each qualification must be appropriate to its associated discipline.

A Special Note about Qualifications for the Service Coordinator Discipline

“GED, High School Degree or college degree” is the qualification associated with the service coordinator discipline in this application. However, more specific information is required in order to determine if applicants meet the specific requirements listed in the Code of Virginia (12VAC35-220). Therefore, applicants applying for Initial Case Manager Certification who do not already have an EI Professional Certification or are not currently certified as an EI Specialist with a discipline of OT Assistant, PT Assistant or Nurse must submit additional information to the Infant & Toddler Connection of Virginia. Individuals without those current certifications, but who have a college degree must send a copy of their diploma documenting their degree in one of the following fields:

- a. An undergraduate degree in any of the following fields:
 - Allied health, including rehabilitation counseling, recreation therapy, occupational therapy, physical therapy, or speech or language pathology;
 - Child and family studies;
 - Counseling;
 - Early childhood;
 - Early childhood growth and development;
 - Early childhood special education;
 - Human development;
 - Human services;
 - Music Therapy;
 - Nursing;
 - Psychology;
 - Public health;
 - Social work;
 - Special education – hearing impairments;
 - Special education – visual impairments; or
 - Other related field or interdisciplinary studies approved by the department.
- b. An associate degree in a related field such as occupational therapy assistant, physical therapy assistant, or nursing.

If the diploma does not list the field of study, then the applicant must send a copy of their transcript which does list the field of study and the awarding of the degree.

For applicants whose educational qualification is a high school diploma, GED or degree in an unrelated field (i.e., a field not listed above), applicants must submit the following:

- c. A copy of their high school diploma, GED or college degree **AND**
- d. Documentation of a total of three years full time experience coordinating direct services to children and families and implementing individual service plans. Direct services address issues related to developmental and physical disabilities, behavioral health or educational needs, or medical conditions. Experience may include supervised internships, practicums, or other field placements. Documentation can be a letter from a former employer specifying dates of

employment, job responsibilities, hours/week; or a resume listing employment history including dates of employment, hours/week and contact information for the Human Resources department for each job. Documentation is to be provided on the [Experience Log](http://www.infantva.org/documents/forms/3148eEI-CMEL.pdf) (<http://www.infantva.org/documents/forms/3148eEI-CMEL.pdf>).

Fax to: Irene Scott/Beth Tolley at **804-371-7959**, or

Email to: Irene.Scott@dbhds.virginia.gov and beth.tolley@dbhds.virginia.gov

My Applications

Create New Application

Once Demographic, Agency and Disciplines & Qualifications have been completed you may apply for certification. Do not apply for initial certification until you have completed all four training requirements. If you are applying for certification as an early intervention case manager, you must also have successfully completed the Service Coordination and Targeted Case Management training module

EARLY INTERVENTION CERTIFICATION APPLICATION

Early Intervention Certification Requested (+)

Initial Renewal

Certification Type

If this is your first application for certification, select the radio button to the left of “Initial”.

Initial Renewal

Then select your certification type and click on “Save Certification”

A list of disciplines with their certification type (qualifications) along with their scope of responsibilities may be found here: <http://www.infantva.org/documents/ovw-cc-EI-PractitionerQual.pdf>

Early Intervention Certification Requested (+)

Initial Renewal

Certification Type

Once your certification has been saved, document the trainings completed by clicking on “Requirements”

EARLY INTERVENTION CERTIFICATION APPLICATION

Early Intervention Certification Requested (+)

Certification Type	
Initial	Early Intervention Professional Requirements Delete

You will need to edit each training activity.

EARLY INTERVENTION CERTIFICATION APPLICATION

Early Intervention Certification Requested (+)

Certification Type	
Initial	Early Intervention Professional Requirements Delete

Required Continued Education Activities

Training	Date Competency Test Passed
Edit Child Development	
Edit Family Centered Services	
Edit Practitioner Requirements	
Edit Service Pathway	

Click on the word “Edit” to enter your specific data.

Required Continued Education Activities

	Training	Date Competency Test Passed
Update Cancel	Child Development	<input type="text" value="6/2/2009"/>
Edit	Family Centered Services	
Edit	Practitioner Requirements	
Edit	Service Pathway	

Enter the date you passed the training activity. The date you enter must match the date on the certificate generated from your successful completion of the module. Click on the word "Update" to save your training activity date.

For initial certification, complete this data entry for all four required training activities.

Required Continued Education Activities

	Training	Date Competency Test Passed
Edit	Child Development	06/01/2009
Edit	Family Centered Services	06/18/2009
Edit	Practitioner Requirements	06/07/2009
Edit	Service Pathway	06/03/2009

Once all training activities have been entered click the "Next" button.

Assurances and Acknowledgements

Assurances

	No	Yes
I have read, understand and agree to abide by Part C Regulations and Virginia Part C requirements including the Infant & Toddler Connection of Virginia Practice Manual.	<input type="radio"/>	<input type="radio"/>
I understand that I may not, and agree that I will not provide early intervention services in Virginia after October 1, 2009 until I have been notified that my application for certification/re-certification has been approved by the Infant & Toddler Connection of Virginia.	<input type="radio"/>	<input type="radio"/>
I understand that I must coordinate early intervention services I provide with each child's service coordinator/IFSP team.	<input type="radio"/>	<input type="radio"/>
I understand that I must establish a contract or otherwise arrange for services with a local lead agency if necessary to allow for exchange of Part C funds, unless I am an employee or contractor with a provider agency that contracts with or otherwise arranges for services with a local lead agency as necessary for exchange of Part C Funds.	<input type="radio"/>	<input type="radio"/>
I understand that I must provide to the Part C System (Local Lead Agency or State Lead Agency) revenue information and other data required by the Part C System for children within the Part C system for whom I provide services (unless I am an employee or contracted with a provider agency that provides this information for me to the Part C System).	<input type="radio"/>	<input type="radio"/>
I understand that Part C funds are used only as "payor of last resort" and to meet this requirement, services must be provided by providers in the family's payor network unless there are no available providers in their network.	<input type="radio"/>	<input type="radio"/>
The information I have provided is complete and accurate.	<input type="radio"/>	<input type="radio"/>

Carefully read and click "Yes" by each of the assurances. With any no selection, you will not be permitted to apply for certification.

Carefully read the Acknowledgements and type your name in the signature box. Enter the date you complete this part of the application.

Acknowledgements

I understand that I must retain documentation of my successful completion of the training requirements for this certification until the issuance of my renewal certification.

I understand that in order to bill Medicaid and other third party payors I must complete the application process required by Medicaid and other third party payors or establish a relationship with an agency that will do the billing for my services.

I understand that once I am certified as a practitioner for the Infant & Toddler Connection of Virginia, my name, credentials, business contact information, locations served, general work schedule, and professional areas of interest and expertise will be made public.

I understand the early intervention rate incorporates the total cost of providing the face-to-face service including travel time and costs, documentation, supervision, training, billing, and support staff time, in addition to the personnel costs for the individual providing the direct service.

David K. Mills

Practitioner Signature

7/31/2009

Signature Date

A typed signature serves as an electronic signature and will be accepted as a valid and binding signature.

Previous

Submit

Cancel

You may cancel or move to the previous screen at any time.

Once you have signed and dated your application, press "Submit"

David K. Mills

Practitioner Signature

6/19/2009

Signature Date

A typed signature serves as an electronic signature and will be accepted as a valid and binding signature.

Previous

Submit

Cancel

EARLY INTERVENTION CERTIFICATION APPLICATION

Your application for early intervention certification has been successfully submitted to the Infant & Toddler Connection of Virginia. You will be notified when review of your application has begun.

[Print your application](#)

Once you press submit, your application will be available at the Department of Behavioral Health and Developmental Services for review. You should receive an email within a few hours confirming that you have successfully completed your application. Click on "Print Your Application" to print a copy for your records

If you do not receive an email regarding your application submission, please return to the application and check the accuracy of your email. If your email was incorrect, you may need to correct it and reapply.

View Application History

MY APPLICATIONS

- [➤ Practitioner Certification Procedures](#)
- [➤ Create New Application](#)
- [➤ View Application History](#)

To view any of your applications click on the hyperlink “View Application History”

Click on the hyperlink with date of the application you wish to view.

[Home](#) » Application History

[User Manual](#)
[MY ACCOUNT](#)

APPLICATION HISTORY

[06/19/2009](#)

A window will open with your complete application:

[History](#)



Infant & Toddler Connection of Virginia Early Intervention Certification Application

Section One: Demographic Information

Practitioner Information

David Mills	06/19/2009	
<hr/>		
<i>Applicant's Name (as it appears on license/certification)</i>	<i>Preferred Name</i>	
(804) 371-6593	<i>Application Date</i>	
<hr/>		
<i>Primary Phone</i>	<i>Alternate Phone</i>	<i>Confidential Fax</i>
david.mills@co.dmhmrzas.virginia.gov		
<hr/>		
<i>Email</i>		
1220 Bank Street	Richmond, VA 23219	
<hr/>		
<i>Mailing Address</i>	<i>City, State, Zip Code</i>	
	143	

Agency Information

Albemarle Therapy	01/01/2009
<hr/>	
<i>Agency Name</i>	<i>Start Date</i>
	<i>End Date</i>

You may print your applications for your records. To go back to the application history, click on the hyperlink “History” in the top left corner of the screen.

Certification Renewal

To apply for recertification, log onto the certification application and navigate to “Create New Application”

Home » Early Intervention Certification

[User Manual](#)

MY ACCOUNT

- ⇒ dkmills
- ⇒ Logoff
- ⇒ Update Account
- ⇒ Change Password

MY PROFILE

- ⇒ Demographic Information
- ⇒ Agency Information
- ⇒ Disciplines & Qualifications

MY APPLICATIONS

- ⇒ Application Procedures
- ⇒ **Create New Application**
- ⇒ View Application History

EARLY INTERVENTION CERTIFICATION

**Infant & Toddler
Connection of Virginia**

At the application page, click on the Renewal radio button. The screen will blink.

[User Manual](#)

MY ACCOUNT

- ⇒ dkmills
- ⇒ Logoff
- ⇒ Update Account
- ⇒ Change Password

MY PROFILE

- ⇒ Demographic Information
- ⇒ Agency Information

EARLY INTERVENTION CERTIFICATION APPLICATION

Early Intervention Certification Requested (+)

Initial **Renewal**

Certification Type

Then click "Next".

[User Manual](#)

MY ACCOUNT

- dk Mills
- Logoff
- Update Account
- Change Password

MY PROFILE

EARLY INTERVENTION CERTIFICATION APPLICATION

Early Intervention Certification Requested (+)

Initial Renewal

Next Cancel

Once you click next, the screen will be populated with all of the certifications you currently hold. If you choose not to renew one or more certification, uncheck the box to the left of the certification. Please do not renew your granted service coordinator certification. That will be renewed as Early Intervention Case Manager. Also on the screen will be the current expiration date for your qualification. You must update this qualification if it is in the past.

EARLY INTERVENTION CERTIFICATION APPLICATION

Certification Requested (Uncheck if you do not wish to renew either certificate.)	Disciplines & Qualifications Expiration Date Please update if necessary. You may not apply for a renewal if your qualification are out of date.
<input checked="" type="checkbox"/> Early Intervention Professional	GED, High School Diploma or College Degree Certification by Board of Certification for Music Therapy (MT-BC) 5/24/2020
<input checked="" type="checkbox"/> Early Intervention Case Manager	GED, High School Diploma or College Degree Certification by Board of Certification for Music Therapy (MT-BC) 5/24/2020

Previous Next Cancel

Once you have changed the dates and unchecked any certification you choose not to renew, click next.

In the next screen you will check the training certification to verify that you have met the continuing education requirements. You must also re-affirm the Assurances. These Assurances and Acknowledgements are the same as when you applied for initial certification.

EARLY INTERVENTION CERTIFICATION APPLICATION

Training Certification

I certify that I have completed at least 30 hours of continuing learning activities that addresses one or more of the following: evidence based practices in early intervention services, changes in federal or state law, regulations or practice requirements, topics identified on personal development plan, training needed for new responsibilities related to early intervention services during the previous three years. The required written documentation of these activities is available upon request and will be maintained for three years following granting of this renewal certification.

Assurances

	No	Yes
I have read, understand and agree to abide by Part C Regulations and Virginia Part C requirements including the Infant & Toddler Connection of Virginia Practice Manual.	<input type="radio"/>	<input type="radio"/>
I understand that I may not, and agree that I will not provide early intervention services in Virginia after October 1, 2009 until I have been notified that my application for certification/re-certification has been approved by the Infant & Toddler Connection of Virginia.	<input type="radio"/>	<input type="radio"/>
I understand that I must coordinate early intervention services I provide with each child's service coordinator/IFSP team.	<input type="radio"/>	<input type="radio"/>
I understand that I must establish a contract or otherwise arrange for services with a local lead agency if necessary to allow for exchange of Part C funds, unless I am an employee or contractor with a provider agency that contracts with or otherwise arranges for services with a local lead agency as necessary for exchange of Part C Funds.	<input type="radio"/>	<input type="radio"/>
I understand that I must provide to the Part C System (Local Lead Agency or State Lead Agency) revenue information and other data required by the Part C System for children within the Part C system for whom I provide services (unless I am an employee or contracted with a provider agency that provides this information for me to the Part C System).	<input type="radio"/>	<input type="radio"/>
I understand that Part C funds are used only as "payor of last resort" and to meet this requirement, services must be provided by providers in the family's payor network unless there are no available providers in their network.	<input type="radio"/>	<input type="radio"/>
The information I have provided is complete and accurate.	<input type="radio"/>	<input type="radio"/>

Acknowledgements

I understand that I must retain documentation of my successful completion of the training requirements for this certification until the issuance of my renewal certification.

I understand that in order to bill Medicaid and other third party payors I must complete the application process required by Medicaid and other third party payors or establish a relationship with an agency that will do the billing for my services.

I understand that once I am certified as a practitioner for the Infant & Toddler Connection of Virginia, my name, credentials, business contact information, locations served, general work schedule, and professional areas of interest and expertise will be made public.

I understand the early intervention rate incorporates the total cost of providing the face-to-face service including travel time and costs, documentation, supervision, training, billing, and support staff time, in addition to the personnel costs for the individual providing the direct service.

Practitioner Signature

Signature Date

A typed signature serves as an electronic signature and will be accepted as a valid and binding signature.

I understand that Part C funds are used only as "payor of last resort" and to meet this requirement, services must be provided by providers in the family's payor network unless there are no available providers in their network.	<input type="radio"/>	<input checked="" type="radio"/>
The information I have provided is complete and accurate.	<input type="radio"/>	<input checked="" type="radio"/>

Acknowledgements

I understand that I must retain documentation of my successful completion of the training requirements for this certification until the issuance of my renewal certification.

I understand that in order to bill Medicaid and other third party payors I must complete the application process required by Medicaid and other third party payors or establish a relationship with an agency that will do the billing for my services.

I understand that once I am certified as a practitioner for the Infant & Toddler Connection of Virginia, my name, credentials, business contact information, locations served, general work schedule, and professional areas of interest and expertise will be made public.

I understand the early intervention rate incorporates the total cost of providing the face-to-face service including travel time and costs, documentation, supervision, training, billing, and support staff time, in addition to the personnel costs for the individual providing the direct service.

David K. Mills

7/16/2012

Practitioner Signature

Signature Date

A typed signature serves as an electronic signature and will be accepted as a valid and binding signature.

[Previous](#) [Submit](#) [Cancel](#)

Once you have checked the Training Certification box verifying that met the continuing education requirements, clicked the radio buttons under yes for the Assurances typed your signature and entered the date, press Submit and the application is complete.

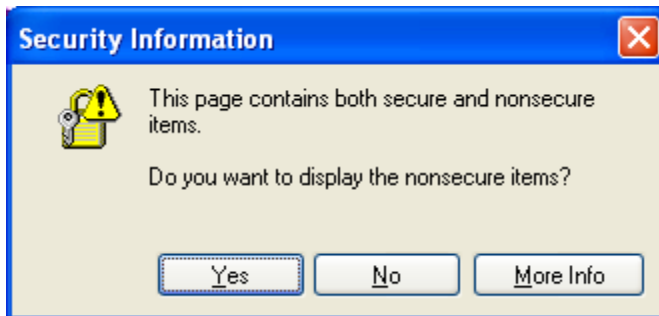
Home » Early Intervention Certification Application	
User Manual MY ACCOUNT <input type="radio"/> dk Mills <input type="radio"/> Logoff <input type="radio"/> Update Account <input type="radio"/> Change Password	<p>EARLY INTERVENTION CERTIFICATION APPLICATION</p> <hr/> <p>Your application for early intervention certification has been successfully submitted to the Infant & Toddler Connection of Virginia. You will be notified when review of your application has begun.</p> <p>Print your application</p>

You may then logoff. DBHDS staff will notify you once your application is processed.

Security Alert

Please check with your agency's IT department or security officer before changing your computer's security settings.

Depending on your computer's security settings, you may see a message that pops up frequently as you are accessing the Certification Application. This security warning looks like this:



To get rid of the warning, follow the steps below

1. When you receive the error message, click Yes.
2. In Internet Explorer, go to Tools, Internet Options, click the Security tab; make sure that in "Select a zone..." window that Internet is selected.
3. Click Custom Level and scroll down about half way to "Display mixed content" in the Miscellaneous section.
4. Change it from Prompt to Enable.
5. Click OK, Yes, and OK. The change should take effect immediately.

Discipline, Qualifications & Scope of Responsibilities

Discipline	Qualifications	Scope of Responsibilities						Services	Reimbursement Category	
		Screen	Elig. Det.	Assessment	Direct Child/Family	Teaming	Supervise Staff		1	2
Early Intervention Professionals										
Board Certified Behavior Analyst (BCBA)	Behavior Analyst licensed by the Virginia Department of Medicine and Board Certified	X	X	X	X	X	X	Developmental Services		x
Nurse - Includes Registered Nurse and Nurse Practitioner	Licensure by the Virginia Board of Nursing as a registered nurse or Licensure by the Virginia Board of Nursing as a nurse practitioner	X	X	X	X	X	X	Nursing Services, including Developmental Services Assistive Technology Services	X	
Occupational Therapist	Licensure as Occupational Therapist by the Virginia Board of Medicine	X	X	X	X	X	X	Occupational Therapy Assistive Technology Services	X	
Physical Therapist	Licensure as Physical Therapist by the Virginia Board of Physical Therapy	X	X	X	X	X	X	Physical Therapy Assistive Technology Services	X	
Speech-Language Pathologist	Licensure in Speech-Language Pathology by the Virginia Board of Audiology and Speech-Language Pathology	X	X	X	X	X	X	Speech-Language Pathology Assistive Technology Services	X	
Certified Therapeutic Recreation Specialist	Certification through the National Council on Therapeutic Recreation Certification	X	X	X	X	X	X	Developmental Services Assistive Technology Services		X
Counselor: Licensed Professional Counselor	Licensure as Licensed Professional Counselor by the Virginia Board of Counseling	X	X	X	X	X	X	Counseling Services		X
School Counselor	Licensure with an endorsement as a School Counselor (pre K – 12) by the Virginia Board of Education	X	X	X	X	X	X	Counseling Services		X
Educators: Early Childhood Special Educator	Licensure with an endorsement in Special Education - Early Childhood (birth-5) by the Virginia Board of Education	X	X	X	X	X	X	Developmental Services Assistive Technology Services		X
Educator	Licensure with endorsement in Early/Primary Education (PreK – 3) or NK-4 by the Virginia Board of Education									
	Licensure with endorsement in Career and Technical Education-Family and Consumer Sciences by the Virginia Board of Education	X	X	X	X	X	X	Developmental Services Assistive Technology Services		X
	Technical Professional License in Career and Technical Education-Family and Consumer Sciences by the Virginia Board of Education									
Educator of the Hearing Impaired	Licensure with endorsement in Special Education - Hearing Impairments (pre K – 12) by the Virginia Board of Education	X	X	X	X	X	X	Developmental Services Assistive Technology Services		X

Discipline	Qualifications	Scope of Responsibilities						Services	Reimbursement Category	
		Screen	Elig. Det.	Assessment	Direct Child/Family	Teaming	Supervise Staff		1	2
Educator of the Visually Impaired	Licensure with endorsement in Special Education - Visual Impairments (pre K – 12) by the Virginia Board of Education	X	X	X	X	X	X	Developmental Services Assistive Technology Services		X
Family and Consumer Science Professional	Employed in Virginia's Part C system before July 1, 2009: Certification through the American Association of Family and Consumer Sciences. Employed on or after July 1, 2009: Certification with successful completion of the concentration examination in human development and family studies through the American Association of Family and Consumer Sciences.	X	X	X	X	X	X	Developmental Services Assistive Technology Services		X
Family therapist	Licensure as Marriage and Family Therapist by the Virginia Board of Counseling	X	X	X	X	X	X	Family Counseling Services		X
Music Therapist	Certification by Certification Board for Music Therapy (MT-BC)	X	X	X	X	X	X	Developmental Services		X
Orientation and Mobility Specialist	Certification by the National Blindness Professional Certification Board as a National Orientation and Mobility Certificant (NOMC); OR certification by the Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP) as a Certified Orientation and Mobility Specialist (COMS)	X	X	X	X	X	X	Vision Services Assistive Technology Services		X
Psychologist: Clinical psychologist	Licensure as Clinical Psychologist by Virginia Board of Psychology	X	X	X	X	X	X	Psychological Services		X
School psychologist	Licensure with endorsement in School Psychology by the Virginia Board of Education	X	X	X	X	X	X	Psychological Services		X
Applied psychologist	Licensure as Applied Psychologist by Virginia Board of Psychology	X	X	X	X	X	X	Psychological Services		X
Social Worker: Licensed Clinical	Licensure as Licensed Clinical Social Worker by the Virginia Board of Social Work	X	X	X	X	X	X	Social Work Services		X
School Social Worker	Licensure with endorsement as a school social worker by the Virginia Board of Education	X	X	X	X	X	X	Social Work Services		X
Early Intervention Specialists										
Board Certified Assistant Behavior Analyst (BCaBA)	Assistant Behavior Analyst licensed by the Virginia Department of Medicine and Board Certified	X ¹			X ²	X		Developmental Services		x
Occupational Therapy Assistant	Licensure as Occupational Therapist Assistant by the Virginia Board of Medicine	X ¹			X ²	X		Occupational Therapy Assistive Technology Services	x	

Discipline	Qualifications	Scope of Responsibilities						Services	Reimbursement Category	
		Screen	Elig. Det.	Assessment	Direct Child/Family	Teaming	Supervise Staff		1	2
Physical Therapist Assistant	Licensure as Physical Therapist Assistant by the Virginia Board of Physical Therapy	X ¹			X ²	X		Physical Therapy Assistive Technology Services	X	
Certified Nursing Aide	Certification as Nurse Aide by the Virginia Board of Nursing	X ¹			X ²	X		Nursing Services including Developmental Services		X
Early Intervention Assistant	GED, High School Diploma or College Degree	X ¹			X ²	X		Developmental Services		X
Licensed Practical Nurse	Licensure as Practical Nurse by the Virginia Board of Nursing	X ¹			X ²	X		Nursing Services including Developmental Services		X
Licensed Social Worker	Licensure as Licensed Social Worker by the Virginia Board of Social Work	X ¹			X ²	X		Social Work Services		X
Early Intervention Case Manager										
Early Intervention Service Coordinator	<ul style="list-style-type: none"> • A minimum of a bachelor's degree in any of the following fields: <ul style="list-style-type: none"> o Allied health, including rehabilitation counseling, recreation therapy, occupational therapy, physical therapy, or speech or language pathology; o Child and family studies; o Counseling; o Early childhood; o Early childhood growth and development; o Early childhood special education; o Human development; o Human services; o Music therapy; o Nursing; o Psychology; o Public health; o Social work; o Special education – hearing impairments; o Special education – visual impairments; o Other related field or interdisciplinary studies approved by the State Lead Agency; or • <input type="checkbox"/> An associate degree in a related field such as occupational therapy assistant, physical therapy assistant, or nursing; or • A high school diploma or general equivalency diploma, or an undergraduate degree in an unrelated field, plus three years' full-time 	X ¹			X	X	X ³	Service Coordination		NA

Discipline	Qualifications	Scope of Responsibilities						Services	Reimbursement Category	
		Screen	Elig. Det.	Assessment	Direct Child/Family	Teaming	Supervise Staff		1	2
	<p>experience coordinating direct services to children and families and implementing individual service plans. Direct services address issues related to developmental and physical disabilities, behavioral health or educational needs, or medical conditions. Experience may include supervised internships, practicums, or other field placements. Parents' experience coordinating their child's services in Part C early intervention and in Part B early childhood special education will be considered to meet the requirement for full-time experience, and both the time coordinating their child's services in Part C and in Part B will count toward the requirement for three years' experience.</p> <ul style="list-style-type: none"> o Three years means 36 months or more; o Full-time means 32 hours/week. 									
Other Professionals Who Provide Early Intervention Services										
Audiologist	Licensure in Audiology by the Board of Audiology and Speech-Language Pathology	X	X	X	X	X	X	Audiology	NA	
Registered Dietitian	Registration by the Commission on Dietetic Registration	X	X	X	X	X	X	Nutrition Services	NA	
Physician	Licensure in Medicine or Osteopathic Medicine by the Virginia Board of Medicine	X	X	X	X	X	X	Medical Services	NA	

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- 1 w/ training
 - 2 w/ Supervision
 - 3 other service coordinators