

Renewal Application of Habilitative Intervention Certificate of Completion

Name:	Phone:	E-mail:	
Residential Address:	City:	State:	Zip:

Are you currently employed? ☐ Yes ☐ No

Current Employer: _____ Work Phone: _____

Check which renewing: Children 0-3 ☐ Children 3-18 ☐ Both ☐

Current HI Certificate Effective Date: _____ Expiration Date: _____

Make my name and contact information available to Support Brokers to provide services under Family Direction: ☐ Yes ☐ No

Please refer to the Current Coursework Guidelines located under "Information for Providers" on the website at www.ChildrensDDservices.dhw.idaho.gov. Application must include all of the required information in order to be processed. Submit your renewal form beginning 90 days prior to your renewal date. Incomplete applications will not be processed.

CONTINUING TRAINING REQUIREMENTS FOR PROFESSIONALS:

16.03.10.685.07

07. Continuing Training Requirements for Professionals. Each professional providing waiver services must complete at least twelve (12) hours of yearly training, six (6) hours of which must cover behavior methodology or interventions shown to be effective. If the individual has not completed the required training during any yearly training period, he may not provide waiver services beginning with the anniversary date of the following period, and thereafter, until the required number of training hours have accumulated. As training hours accumulate, they will be accounted first to any training-deficient prior yearly period before being applied to the current annual training period. Training hours may not be earned in a current annual training period to be applied to a future training period. (7-1-11) **Since the certification is for two years, 12 hours will be required for each year of your Certificate of Completion totaling 24 hours of training.**

I have completed the required training as stated in rule and have maintained appropriate documentation of the training.

Signature: _____

Date: _____

Submit the application to FACS DD:

***Preferred* Email: facsddco@dhw.idaho.gov**

or Fax to: (208) 332-7331

or Mail to: Idaho DHW, FACS DD, 450 W. State St. 5th Floor, Boise, ID 83720-0036

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Name: _____

[illegible]

I attest that all information provided is complete and accurate.

Signature: _____

Date: _____

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