

Children's Medical Services
Provider Management
Florida Department of Health

NON - LICENSED HEALTHCARE PROFESSIONAL APPLICATION CHECKLIST

The usual time required to process a complete CMS provider application is 60-90 days. To assist in the timely processing of your application, we have provided the following checklist of documents necessary to complete your application for review.

In addition to submitting an on-line (www.cmskidsproviders.com) CMS Non-Licensed Healthcare Provider application you will need to either mail or fax documentation listed below.

I. All Providers:

Refer to *CMS Provider Handbook – Non-Licensed Healthcare Professionals* found in the provider section of our website @ www.cms-kids.com

- Copy of any **Degree/Specialty Certifications** that you hold
- Summary of any **Medicaid** or **Licensure Sanctions**.
- Completed **Professional Liability Claim Form** for any notice of intent, claim, or suit, whether settled or pending, regardless of result, arising from your professional activity and brought against you within the last ten years

II. All Early Steps Providers - in addition to Section I:

Refer to *Early Steps Section* of the *CMS Provider Handbook – Non-Licensed Healthcare Professionals* found in the provider section of our website @ www.cms-kids.com

- Mentorship Form, if applicable
- Supervisory Form, if applicable
- Level II Criminal History Background Screening

III. Discipline Specific Additional Requirement - in addition to Section I & II:

Hearing Specialist:

- Copy of college/university transcript with evidence of coursework specific to infant and toddler services,
or
- Copy of SKI*HI certificate

Vision Specialist:

- Copy of college/university transcript with evidence of coursework specific to infant and toddler services,
or
- Copy of VIISA certificate, **or**
- Copy of State Board of Education or Academy for Certification of Vision Rehabilitation and Education Professionals in Orientation & Mobility

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Please mail all documentation to: or
Children's Medical Services
Provider Management Unit
4052 Bald Cypress Way, Bin A06
Tallahassee, FL 32399-1707
ATTN: PPA Coordinator

Fax to:
Confidential Fax - (850) 921-5241

You will be notified of receipt of application documentation within thirty (30) days of receipt. If the application documentation is not complete, you will be requested to submit the specified information within thirty (30) days. Failure to achieve a complete application packet within the thirty (30) day time frame will result in the application being rejected.

CMS provider status will be determined by the CMS Deputy Secretary based on your meeting all CMS approval criteria, credentials verification, and review of claims or sanction history. You will be notified in writing within fifteen (15) days of the determination of your provider status.

Should you have questions regarding the status of your application, please feel free to contact Children's Medical Services Provider Management via telephone: (850) 245-4215 or email at: cmsproviderhelp@doh.state.fl.us