



## LICENSED NON-PHYSICIAN APPLICATION CHECKLIST

ARNP	Mental Health Counselor	Physical Therapy Assistant	Speech Language Pathologist (SLP)
Audiologist	Occupational Therapist	Physician Assistant	Provisional SLP
Clinical Social Worker	Occupational Therapy Assistant	Psychologist	SLP Assistant
Dietetics/Nutritionist	Optometrist	Registered Nurse	
Marriage & Family Therapist	Physical Therapist	Respiratory Therapist	

To assist in the timely processing of your application, we have provided the following checklist of documents necessary to complete your application for review.

Before you begin your online application at [www.cmskidsproviders.com](http://www.cmskidsproviders.com), be prepared to securely email, fax or mail the following required documents:

- Copy of **Form W9(s)** for each pay to/remit practice affiliation (solo/group/hospital) to ensure accurate claims payment
- Copy of current **Curriculum Vitae** documenting previous five (5) year work/educational history in a month/year timeline, *with explanation of any gaps longer than 90 days in employment*
- Copy of current, valid Medical License if not currently licensed to practice in the State of Florida
- Individual **National Provider Identification (NPI)** number
- Summary of professional liability claim(s) pending or filed against you within the past five (5) years. Provide detailed information as indicated on the [Professional Liability Claim Form\\*](#), if applicable
- Summary of **Medicaid and Medicare sanctions** within the past five (5) years. Provide date of occurrence, amount paid and brief summary of events for each sanction.
- Current malpractice coverage in accordance to your specific Florida Statute Practice Act or bond that complies with the provider's relevant practice act in the Florida Statutes
- One [peer evaluation/reference\\*](#) using the CMS required form
- Level II Security Background Screen. Active/eligible Medicaid providers are exempt from submitting a Level II Security Background Screen if an **eligible** screen has been conducted within the past 5 years as evidenced by AHCA.
- ARNP & PA only:* Copy of any **Specialty Certifications**
- ARNP only:* Copy of **Practice Protocols** established and signed by both the CMS approved supervising physician and the applicant
- \*\*Audiologist only:* Proof of **special evaluation experience** – see *Licensed Non-Physician Provider Handbook* for details

\*All CMS provider forms and handbooks are located at [CMSPlan.floridahealth.gov](http://CMSPlan.floridahealth.gov) under the [For Health Care Professionals](#) section.

\*\*Please be aware that there are additional required documents to participate in CMS specialty programs, e.g., *Early Steps, CPT.*

Please submit your documentation **only once** and by **one** of the following methods:

**EMAIL**  
[cmsproviderhelp@flhealth.gov](mailto:cmsproviderhelp@flhealth.gov)

**FAX**  
(850) 487-1279

**MAIL**  
Children's Medical Services  
Managed Care Plan  
4052 Bald Cypress Way, Bin A06  
Tallahassee, FL 32399-1707  
ATTN: Provider Management

You will receive an automated email notification of application receipt by the CMS Provider Management system upon submitting the online application. If your application is incomplete, you will be requested to submit the required documentation within (30) days. Failure to achieve a complete application within the thirty (30) day time frame may result in the application process being stopped or dismissed.

For questions or additional instruction, contact your local Provider Relations Liaison or the Children's Medical Services Provider Management Helpdesk by telephone (850) 245-4215 or email [cmsproviderhelp@flhealth.gov](mailto:cmsproviderhelp@flhealth.gov)

Refer to the *Licensed Non-Physician Provider Handbook* at <http://www.floridahealth.gov/programs-and-services/childrens-health/cms-plan/for-health-care-providers/index.htm> for more detailed information on the application process.