



## NON-LICENSED HEALTHCARE PROFESSIONAL APPLICATION CHECKLIST

Early Steps Only

Hearing Specialists  
Vision Specialists

CMS & Early Steps

Board Certified Behavior Analysts (BCBA)  
Board Certified Associate Behavior Analysts (BCABA)

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 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 any **Specialty Certifications**
- 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](#)<sup>\*</sup>, 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 professional liability insurance coverage
- One [peer evaluation/reference](#)<sup>\*</sup> 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
- \*\*Early Steps only:** Proof of required education from accredited University/College
- \*\*Early Steps only:** Documentation of appropriate professional Early Intervention experience.

\*All CMS provider forms 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 the Early Steps program. Refer to the Non-Licensed Healthcare Professionals Provider Handbook for more details.

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

<p><b>EMAIL</b> <a href="mailto:cmsproviderhelp@flhealth.gov">cmsproviderhelp@flhealth.gov</a></p>	<p><b>FAX</b> (850) 487-1279</p>	<p><b>MAIL</b> Children's Medical Services Managed Care Plan 4052 Bald Cypress Way, Bin A06 Tallahassee, FL 32399-1707 ATTN: Provider Management</p>
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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 Non-Licensed 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.