Welcome to the COMPANY NAME Family!  To complete the onboarding process, we are attaching copies of several documents that will have to be fully completed and emailed to emailhandle@companyname.com. Please note that our credentialing company, Billing Company manages the credentialing process. Once ALL of the onboarding documents have been submitted to [emailhandle@companyname.com](mailto:emailhandle@companyname.com) , we will forward your complete file to Billing Company for processing. Please call our corporate headquarters at Phone # if you have questions.

A critical step for your onboarding is the Medicaid enrollment process. Our team will assist you in becoming approved by the state as a Medicaid Provider, Type 39. Please note that this process takes approximately 10-12 weeks AFTER we have all the necessary paperwork. You must physically sign a “wet” signature on all forms; digital or typed signatures will NOT be accepted. **Also, please let the COMPANY NAME corporate admin team know right away by return email if you already have a Medicaid Provider Type – 39 ID#.**

Complete this process in the following order:

1. Background Screening:  Please first fill out and return the Notification of Background Check Procedures.This will allow us to search for your Level 2 background check results or initiate a new screening.

2.         Please also follow the instructions for completing your Local Law Enforcement Check on page 8 of the same PDF. For the Local Law Enforcement Check, you can also opt to complete an online screening through AccuSource that will meet the requirements for Tricare, and would allow you to see Tricare clients. Please contact [emailhandle@companyname.com](mailto:emailhandle@companyname.com)  if you would prefer the more extensive background check.

3.     Documents for Medicaid:

a. A legible copy or photo of your social security card (IMPORTANT: Sign all documents with the exact signature that is on your social security card.)

b. For the Group Membership Agreement: fill in your name and sign the bottom.

c.  For the Non-Institutional Provider Agreement (NIPA): fill out the top line on page 4, put your name, for title put “Owner,” and sign.

d. Copy of BCBA/BCaBA Certification or other Licensure

e. Application for Employment: Necessary for your demographic information

f. Resume or CV

g. AHCA L2 Background Privacy Policy

4.     Obtain a HIPAA certificate and National Provider Identifier (NPI) #

a.      For the HIPAA certificate, go here: <https://floridadcf.adobeconnect.com/p7m1uumlqjs/>). Enter your name and take the free course. Send us the certificate or screenshot of the certificate.

b.     For the NPI #: Use the following link: (<https://nppes.cms.hhs.gov/NPPES/Welcome.do>). Select the “Create a Login” option to start your INDIVIDUAL NPI profile.  This application will require you to set up a Username and Password, attached to a current email address.  Provide the personal information required, and then select the Taxonomy code below:

-Behavior Technician or Behavior Assistant - 106S00000X

\*\*\*After you have registered for your NPI, fill out the attached **NPI Registration Form**.

**HR DOCUMENTS**

1. Reference Check Form (two from past employers)
2. Child Abuse & Neglect Reporting Acknowledgment
3. Confidentiality & HIPAA Agreement
4. Job Description
5. Direct Deposit Agreement
6. W4 form
7. Sign-Off on Handbook Training (see Medicaid BA Services Coverage Handbook)
8. Driver’s license
9. Car insurance & registration
10. Diploma
11. Singed Daily Progress Note Signature Attestation
12. CPR and First Aid Training (or BLS Training) – No later than 30 from start date
13. NPI Registration Form
14. Full Spectrum HR Documentation Checklist
15. I9 Form

**LIABILITY INSURANCE**

You will need to obtain annual Liability Insurance in order to serve clients. This can be purchased through the following links: <https://www.cphins.com/>or <http://www.trustrms.com/>.

\* CPH offers college students a rate of $25 for the year.

Please submit a copy of your policy to [emailhandle@companyname.com](mailto:emailhandle@companyname.com). This is required before you can provide services to clients.

Please return all completed documents and the enclosed checklist (please initial the checklist where indicated).

Welcome aboard!