

**Provider Qualification Certification**

Name of Provider: \_\_\_\_\_

**Physical and Occupational Therapists and Assistants**

\_\_\_\_\_ Physical Therapist **or** \_\_\_\_\_ Occupational Therapist

**or**

\_\_\_\_\_ Physical Therapist Assistant  
Supervised by: \_\_\_\_\_

**or**

\_\_\_\_\_ Occupational Therapist Assistant  
Supervised by: \_\_\_\_\_ (license enclosed)

**and**

\_\_\_\_\_ Attached is **current** copy of Board of Medicine license

**or**

\_\_\_\_\_ Attached is **current** copy of license/certification of supervising PT/OT

**Speech-Language Pathologist**

\_\_\_\_\_ Attached is **current** copy of Board of Audiology and Speech-Language Pathology license.

**or**

\_\_\_\_\_ Attached is **current** copy of ASHA certification showing expiration date.

**or**

\_\_\_\_\_ Attached is documentation showing therapist is undergoing the clinical fellowship year.

**or**

\_\_\_\_\_ Attached is a **current** copy of Board of Education license w/ endorsement in Speech-Language Disorder pre-k - 12  
Supervised by \_\_\_\_\_ (license enclosed)

**Registered Nurse/Licensed Practical Nurse**

\_\_\_\_\_ Attached is a **current** copy of Board of Nursing license.

**Psychologist/Psychiatrist**

\_\_\_\_\_ Attached is a **current** copy of Board of Medicine License (Psychiatrist)

\_\_\_\_\_ Attached is a **current** copy of Board of Psychology Licenses (Psychologist)

\_\_\_\_\_ Attached is a **current** copy of Board of Social Work Licenses

\_\_\_\_\_ Attached is a **current** copy of Board of Education Licenses (Social Worker)

\_\_\_\_\_ Attached is a **current** copy of Board of Nursing Licenses (Psychiatric Nurse Specialist)

\_\_\_\_\_ Attached is a **current** copy of Board of Counseling Licenses (Professional Counselors and Family and Marriage Counselors)

**Audiologist**

\_\_\_\_\_ Attached is **current** copy of Board of Audiology and Speech-Language Pathology license.

**Medical Evaluations (Physician, Physician Assistant, Nurse Practitioner)**

\_\_\_\_\_ Attached is a **current** copy of Board of Medicine license.

\_\_\_\_\_ Attached is a **current** copy of Board of Nursing license.