

### **Terms and Conditions of Enrollment**

*The provider agrees to the following terms and conditions of the Early Steps Provider Enrollment System:*

1. An enrolled and approved provider in the Early Steps Provider Enrollment System is eligible to provide services in the Early Steps system through a provider agreement with a Local Early Steps.
2. A Local Early Steps is under no obligation to employ or contract with an approved provider based solely on the fact that the provider is enrolled and approved in the Early Steps Provider Enrollment System.
3. Providers are required to immediately notify the Early Steps Provider Enrollment Specialist of any changes in their enrollment record.
4. At time of enrollment, the provider shall submit (mail or fax) to the Early Steps Provider Enrollment Specialist proof of the following, as required in Table 1.
  - Professional Liability Insurance (must be maintained and updated annually)
  - Relevant Diplomas (and Transcripts, as requested)
  - Documentation of One Year Experience
  - ITDS Certificate (for Infant Toddler Developmental Specialist Only)
  - Fingerprint Card, as required
5. Providers in the Licensed Healing Arts Provider Class are required to update enrollment every two years beginning with the first date of licensure renewal once enrolled. (This may occur in less than two years for the first enrollment update to align enrollment updates with licensure renewal.)
6. All other providers are required to update enrollment every two years from their initial enrollment application date.
7. All providers are required to document 24 hours of professional development in the Early Intervention Professional Competency areas when updating their enrollment.



Jeb Bush  
Governor

John O. Agwunobi, M.D., M.B.A., M.P.H.  
Secretary

**All approved providers, that are employed or contracted with a Local Early Steps, are required to:**

1. Be knowledgeable of and abide by all applicable federal, state, and local laws, rules, regulations, and policies related to Early Steps including but not limited to IDEA, Part C, the Early Steps Program Plan and Operations Guide (PPOG), and the Early Steps Service Delivery Policy and Guidance document.
2. Maintain accurate clinical records for a period of at least five years from discharge from services, and to make available to Early Steps all records and information necessary to assure the appropriateness of payments and to assure the proper administration of Early Steps and to assure compliance with all applicable statutes and regulations.
3. Continually meet and maintain all applicable and necessary standards and regulations for licensing, credentialing, program licensure, and funding requirements for services provided.
4. Provide services to eligible children and their families as set forth in the IFSP.
5. Participation in IFSP face-to-face meetings and conference calls, and communication on a frequent basis with families and other team members.
6. Make records available, as requested, for local and state quality assurance activities.
7. Ensure services are family centered, inclusive, culturally competent, and that family members are an integral part of the service planning, implementation and on-going assessment.

I agree with the terms and conditions of the Early Steps Provider Enrollment System and certify that the documentation/records that I have mailed/faxed are accurate. I further understand that falsification of any documentation/records can result in immediate termination of my enrollment.

Please print your name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print your Email Address: \_\_\_\_\_

The following information is required to process your application:

Your Social Security #	Your FEID # (if you have one)
Employer/ Agency Name:	FEIN#
Employer/ Agency Name:	FEIN#
Employer/Agency Name	FEIN#

**Please mail or fax this form and documentation/records to:**  
 Early Steps Enrollment Specialist  
 Department of Health, Children's Medical Services, Early Steps  
 4052 Bald Cypress Way, Bin #A06  
 Tallahassee, Florida 32399-1707  
 FAX: 850-245-4295 Phone: 850-245-4200