Consultation Verification Form

This form must be signed off by a person of the same discipline or Early Intervention service group. Please return Ongoing Professional Development Documention with this form.

Consultation Requirement Either Prior to or During Temporary Credential:

In order to qualify for full credential status, an individual must complete and document **240** hours of professional experience with infants, toddlers and their families. Such experience must be completed while being in consultation with another professional qualified to provide consultative feedback regarding the provision of direct Early Intervention services for which they are being credentialed. The following service categories need to document **120** hours: Clinical Assessment, Counseling, and other Therapeutic Services; Nursing; Nutrition; Social Services; and Development Therapy/Hearing, Developmental Therapy/ Vision, Developmental Therapy/O & M. Documentation must show that the individual participated in consultation with an appropriately experienced **individual of the same discipline/Early Intervention service group** who has experience working with children ages birth to three with special needs. The consultation shall be in compliance with the professional standards of the individual seeking the credential as determined and documented by the consultant.

Individuals without the consultative professional experience required above shall complete and document 240/120 hours of such supervised experience **within 18 months of issuance of their temporary credential**. Extensions up to 6 months may be granted upon written request setting forth the facts concerning noncompliance with this requirement. The Department of Human Services credentialing office will consider extreme hardship and other extenuating circumstances and determine if an extension should be granted on an individual basis. **Per IDHS Bureau of Early Intervention policy, if a provider is not able to meet the Consultation requirement within the 18-month period and no extenuating circumstances have been documented, that provider can only finish out open authorizations on Early Intervention children. If the provider is an assistant, services must stop. The provider may reapply after 12 months.**

Applicant Name: _____
First Middle Last

SSN (last 4 digits) _____

Clinical Professional Consultant's Name: _____

Clinical Professional Consultant's Address: _____

☐ By checking the box to the left, the applicant/provider and the Clinical Professional Consultant attest to the completion of the hours of consultative professional experience as required by the Illinois Department of Human Services Rule 500 - Early Intervention **AND** as described above.

_____ hours completed while consulting with Consultant named above from_____ through _____
(mo/yr) **(mo/yr)**

_____ _____
Signature of Clinical Professional Consultant Date

_____ _____
Signature of Credential Applicant/Provider Date

Individuals without the consultative professional experience required above shall complete and document required hours of such consultative experience within 18 months of issuance of their temporary credential.

Ongoing Professional Development Documentation Form
(Required for all except Service Coordinators and Parent Liaisons)

A signature from a specialist-level provider is required for each monthly meeting.

Must be completed and submitted to Provider Connections when moving from temporary to full and with credential renewal applications.

This form is required to document Ongoing Professional Development. Substitute forms will not be accepted. Duplicate this form as needed. A copy of this form must be forwarded to Provider Connections when moving from temporary to full and with credential renewal materials documenting ongoing professional development activities for the respective months of the credentialing period.

Provider Name _____ **Year** _____
(indicate 1, 2, or 3)

Credential # _____

Date of Meeting	Location	Signature of Credentialed Peer and Peer's Credential #