

Renewal Application of Habilitative Intervention Certificate of Completion 8 2105

Name:	Personal Phone:	Personal E-mail:	
Residential Address:	City:	State:	Zip:

Certification you are renewing: Children 0-3 Children 3-18 Both

Current HI Certificate Effective Date: _____ Expiration Date: _____

Are you currently providing Habilitative Intervention? Yes No

Current Employer: _____ Work Phone: _____

Do you provide services within a school? Yes No
 If yes, please provide the name of the school: _____

Make my name and contact information available to Support Brokers to provide services under Family Direction:
 Yes No

Renewal Application must include all of the required information in order to be processed. You may submit your Renewal Application beginning 90 days prior to your expiration date.

CONTINUING TRAINING REQUIREMENTS FOR PROFESSIONALS:

16.03.10.685.07

Continuing Training Requirements for Professionals. Each professional providing waiver services must complete at least twelve (12) hours of yearly training, six (6) hours of which must cover behavior methodology or interventions shown to be effective. If the individual has not completed the required training during any yearly training period, he may not provide waiver services beginning with the anniversary date of the following period, and thereafter, until the required number of training hours have accumulated. As training hours accumulate, they will be accounted first to any training-deficient prior yearly period before being applied to the current annual training period. Training hours may not be earned in a current annual training period to be applied to a future training period.

The Habilitative Intervention Certificate of Completion is issued for a two year period. During the renewal process the individual will need to have completed during Year 1 of their Certificate: 12 hours of training, 6 hours of which must cover behavior methodology or interventions shown to be effective and for Year 2: 12 hours annually of training, 6 hours of which must cover behavior methodology or interventions shown to be effective.

I have completed the required training as stated in rule and have maintained appropriate documentation of the training(s).

Signature: _____

Date: _____

TO SUBMIT YOUR DOCUMENTATION to:

Preferred FACS DD Email: FACSDDCO@dhw.idaho.gov; Please included within the subject line the applicants name and reference HI Renewal

Or Mail to Idaho DHW, FACS DD, 450 W. State St. 5th Floor, Boise, ID 83720-0036; or Fax to: 208-332-7331

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*Second Year of Certificate: _____ to _____
 (End date of 1st year) (Expiration date of Certificate)

Employer(s) your first year of Certificate- *Please include specific school name, if applicable*

(#1) _____ from _____ to _____ (#2) _____ from _____ to _____

(#3) _____ from _____ to _____ (#4) _____ from _____ to _____

YEAR 2

Date	Training Title	Description	Number of Hours (minimum of 12 hours required)	Number of Hours in Behavior Methodology/ Intervention (minimum of 6 hours required)	Trainer Name & Title
Please maintain your originals and all supporting documents in a secure place as you may be requested to submit copies for verification of training.			TOTAL:	TOTAL:	

I attest that all information provided on this Renewal Application is complete and accurate.

Signature: _____

Date: _____