North Carolina Infant-Toddler Program (ITP)/Early Intervention Section Office (EISO)

CBRS Provider/Early Intervention Service Coordination

Infant, Toddler and Family Certification Verification

**Children’s Developmental Services Agency (CDSA)**

**Name of ITP Provider Agency, if applicable:**

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| --- |
|  |
|  | I attest that all employees or subcontractors of my agency who are providing [ ] **CBRS** [ ]  **EI Service Coordination (SC)** services under the NC Infant-Toddler Program (ITP) have completed all renewal credit requirements and the Infant, Toddler, and Family Certificate (ITFC) is current for all staff (unless specified below in Table 2). I have reviewed documentation of continuing professional development for each and confirmed (please initial below):1. (*initials*) Each has at least ten (10) contact hours of continuing professional development training from an **ITP approved source** ([Continuing Professional Development Approved Entities](https://www.ncdhhs.gov/divisions/child-and-family-well-being/north-carolina-infant-toddler-program-nc-itp/nc-itp-providers#CertificationandMaintenance-4463) list)
2. (*initials*) The completed [Documentation of Continuing Professional Development](https://www.ncdhhs.gov/divisions/child-and-family-well-being/north-carolina-infant-toddler-program-nc-itp/nc-itp-staff#NCITPCertificationMaintenance-4429) forms and supporting documentation are kept on file as this information may be requested by the Infant-Toddler Program (CDSA/Early Intervention Section Office) for monitoring purposes at any time.

The **Provider Agency Director** will:* Notify the CDSA Director or designee immediately upon any finding of non-compliance with ITFC requirements. (Employees/subcontractors **not** in compliance with ITFC requirements will **not** be permitted to provide special instruction/CBRS services to children in the NC ITP.)
* **Submit this completed form to the CDSA Director or designee by January 5th, annually.**

The **CDSA Director or designee** will * Review forms from Provider Agency Directors and follow-up on issues of noncompliance
* Notify the NC ITFC State Lead immediately upon any finding of non-compliance with ITFC requirements for CDSA EISCs and CBRS Providers. (Employees/subcontractors **not** in compliance with ITFC requirements will **not** be permitted to provide service coordination and special instruction/CBRS services to children in the NC ITP.)
* **Email completed form with CDSA EISC information to [**[**DHHS\_ITP.Certification@dhhs.nc.gov**](file:///%5C%5CWV5DPHSIXFP01P.eads.ncads.net%5CHOME%5Ckdtakas%5CMy%20Documents%5CTA%20Team%5CKrystal%5CDHHS_ITP.Certification%40dhhs.nc.gov)**] by January 7th, annually**
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|  |       |  |  |
|  | [ ]  Printed Name of Provider Agency Director[ ]  Printed Name of CDSA Director or Designee |  |  |
|  |       |  |       |  |
|  | Signature |  | Date of Signature |  |

Please list the individuals you are reporting on page 2.

**Table 1: ITFC Maintained**

The individuals listed are in compliance with NC ITFC requirements:

**Employee Name(s)** (type)

|  |  |
| --- | --- |
|       |       |

**Table 2: ITFC Not Maintained**

(Employees/subcontractors **not** in compliance with ITFC requirements will **not** be permitted to provide service coordination and special instruction/CBRS services to children in the NC ITP.)

The individuals listed below are **NOT** in compliance with NC ITFC requirements:

 **# of contact hours**

**Employee Names** (type)  **needed to meet** **Counties Served (for CBRS providers only)**

 **requirements**

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**Please keep this form on file at CDSA.**

**This form is to be submitted only once annually by December 31st. An update to an individual’s ITFC status does not require an update to this form.**