

**SERVICE PROVIDER ROSTER**

Name of Service Provider Agency _____			
I certify that this is a complete roster of all employees or subcontractors of my agency who are or will be providing services to infants, toddlers and families enrolled with the NC Infant-Toddler Program (NC ITP). I further certify that all employees / subcontractors listed below have the requisite current licensure and/or certification and shall maintain such licensure / certification to remain employed or serve as subcontractors for providing services to infants, toddlers and families enrolled in the NC ITP. If I employ new staff / subcontractors, I shall submit to the CDSA the additional names and licensure information for new staff / subcontractors along with copies of current licenses/certifications and signed Confidentiality Statement(s) within (2) business days of their employment.			
_____ Printed Name of CEO or Owner of Service Provider Agency			
_____ Signature		_____ Date of Signature	
Employee / Subcontractor Name / Job Title	Training	Indicate Licensure or Certification and Expiration Date (if applicable)	Assigned Counties / Zip Codes
1. _____ [Name] _____ [Job Title] Can you provide Teletherapy? Y <input type="checkbox"/> / N <input type="checkbox"/>	Roster Date _____ Coaching Webinars or Coaching Book & Quiz Date _____ Coaching Putting It Into Practice Training Date _____	_____ [Licensure or Certification] _____ [Expiration Date]	
2. _____ [Name] _____ [Job Title] Can you provide Teletherapy? Y <input type="checkbox"/> / N <input type="checkbox"/>	Roster Date _____ Coaching Webinars or Coaching Book & Quiz Date _____ Coaching Putting It Into Practice Training Date _____	_____ [Licensure or Certification] _____ [Expiration Date]	
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5. _____ [Name] _____ [Job Title] Can you provide Teletherapy? Y <input type="checkbox"/> / N <input type="checkbox"/>	Roster Date _____ Coaching Webinars or Coaching Book & Quiz Date _____ Coaching Putting It Into Practice Training Date _____	_____ [Licensure or Certification] _____ [Expiration Date]	

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11. _____ [Name] _____ [Job Title] Can you provide Teletherapy? Y <input type="checkbox"/> / N <input type="checkbox"/>	Roster Date _____ Coaching Webinars or Coaching Book & Quiz Date _____ Coaching Putting It Into Practice Training Date _____	_____ [Licensure or Certification] _____ [Expiration Date]	
12. _____ [Name] _____ [Job Title] Can you provide Teletherapy? Y <input type="checkbox"/> / N <input type="checkbox"/>	Roster Date _____ Coaching Webinars or Coaching Book & Quiz Date _____ Coaching Putting It Into Practice Training Date _____	_____ [Licensure or Certification] _____ [Expiration Date]	