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## 2020 - 2023 Enrollment Checklist

**This is used if you are an agency adding staff.** Please use this as a checklist and submit with the required documentation regarding your agency enrolling in the Treasure Coast Early Steps System of Care. Please refer to the list of Frequently Asked Questions for more details.

**Agency Name:** \_\_\_\_\_

**Provider's name:** \_\_\_\_\_

### Individual Staff Enrollment (for each staff member providing services through the agency):

\_\_\_\_ Current Florida professional license (PT, OT, and ST) OR current ITDS Certificate (ITDS must submit CEU'S (24) every three years from the date that their certificate was issued.)

\_\_\_\_ Professional Liability Insurance with Easter Seals Florida as an additional named insured along with Easter Seals Florida address 2010 Crosby Way, Winter Park FL. 32792 if staff member is carrying individual policy. (Updated annually)

\_\_\_\_ Resume

\_\_\_\_ Current FL automobile insurance card if billing for travel for service provision in the natural environment (updated as per your policy expiration date)

\_\_\_\_ Clear Copy of driver's license

\_\_\_\_ Clear Copy of social security card

\_\_\_\_ Copy of Level 2 background screening

\_\_\_\_ Medicaid provider enrollment letter(s) - Medicaid EI #'s required for ITDS', Medicaid Therapy #'s **and EI #'S for PT,OT, and ST who are also applying for clinic contract.**

\_\_\_\_ NPI notification

\_\_\_\_ OnBoard PSP Team training certificates of completion

If you have any questions regarding this request, please contact:

- Angie Gonzalez at 813.812.5304 or [agonzalez@fl.easterseals.com](mailto:agonzalez@fl.easterseals.com)

**Please submit your completed packets electronically to:**

[tces@fl.easterseals.com](mailto:tces@fl.easterseals.com)