

**IMPACT Plus  
Therapeutic Child Support, Professional  
New Employee/Contract Screening Form**

**Applicant Name:** \_\_\_\_\_ **Applicant Social Security Number:** \_\_\_\_\_

**Subprovider Name:** \_\_\_\_\_ **Applicant Date of Birth:** \_\_\_\_\_

**Supervisor's Name & Credentials (who will provide weekly face-to-face supervision):** \_\_\_\_\_

**Region(s) this applicant will be working:** \_\_\_\_\_

**Please complete the following information related to education:**

- BA or BS degree name OR registered nurse licensed in accordance with KRS 314.041: \_\_\_\_\_
- Name of college or university: \_\_\_\_\_
- Month and year of graduation: \_\_\_\_\_

**Please complete the following information related to experience working with children who have behavioral health needs. A master's degree from a college or university shall substitute for the required experience:**

Begin Date (month/ year)	End Date (month/ year)	Place of employment or Name of College/University	Job Title or Degree	Length of Experience or Date of Degree
			<b>Total # of hours worked or date of degree:</b>	

**Please complete the following information related to training in children's behavioral health or college level credits from a college or university in courses related to child development or services to children. Attach list of trainings and/or college transcript:**

Begin Date (month/year)	End Date (month/year)	Training Course Titles or Name of College/University	Length of time/credits earned
			<b>Total # of training hours or college credits:</b>

**All of the following boxes must be checked verifying applicable information for each section is included with this form. The Credentialing Committee will not review packets that do not contain all of the required information.**

- Current resume
- College transcript(s)
- Current list of trainings in children's behavioral health, if applicable
- Current Department for Community Based Services criminal background check results
- Current Administrative Office of the Courts criminal background check results
- Current Statement of Disclosure signed by applicant and subprovider

**Comments:** \_\_\_\_\_

In accordance with 907 KAR 3:030 and the IMPACT Plus Subprovider Agreement, the undersigned do hereby affirm all information related to this applicant has been reviewed for the Therapeutic Child Support, Professional position. References and other documentation submitted have been verified and the undersigned attest to it's accuracy.

In addition, we understand this applicant must be reviewed by the IMPACT Plus Credentialing Committee located in Frankfort, KY, and given "Approval" status before the delivery of IMPACT Plus services can be considered for Medicaid reimbursement.

Subprovider's Signature \_\_\_\_\_  
Name
Position
Date

Applicant's Signature \_\_\_\_\_  
Name
Position
Date