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| **Independent Contractor Employment Service Provider Enrollment Checklist** | **Office of Developmental Disabilities Services** |

|  |  |  |
| --- | --- | --- |
| Submitted by: | (Enter Name) | |
| Provider #: | (Enter Number or N/A) | |
| Enrollment Type: | New  Renewal  Revalidation | |
|  | Date Submitted/Updated: | (Enter Date mm/dd/yyyy) |

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This checklist, along with ALL of the supporting documents listed below, should be emailed to [**EmploymentTraining.Review@dhsoha.state.or.us**](mailto:EmploymentTraining.Review@state.or.us) for all New Enrollments, Renewal or Re-Enrollment, and Revalidation requests of Independent Contractors who wish to deliver the Employment Services: Discovery and Job Development. This must be submitted concurrently with the Provider Enrollment Agreement submissions as outlined in [Worker Guide – Independent Contractor Employment Services Enrollment](https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/Documents/wg-independ-contractor-employment-services-enrollment.pdf).

Department Approved Discovery Course Certificate

Criminal History Background Check Verification *(Current within 2 years)*

Vocational Rehabilitation Contract Verification

Department Approved Credential *(ACRE, CESP, DHS OELN Certificate, Degree or Certificate from College or University in Supported Employment)*

Developmental Disabilities Independent Provider Enrollment Application and Agreement