

CONSULTANT REGISTRATION SOLO PRACTITIONER

Consultant Name: _____
First Name Last Name

Medicaid Provider Number: _____

Business/Practice Name: _____
 Complete only if name of Business is different from name of Solo Practitioner

Mailing Address: _____

This is my --

home address

business address

City State Zip Code

Counties Served: _____

Phone Number: Home _____ Work _____

Fax Number: Home _____ Work _____

E-Mail Address: _____

Date Trained: _____
 mm/day(s)/yy

OFFICE USE ONLY	INITIAL	DATE
Received by District		
Sent to Central Office		
Received by Cent. Office		
Sent to DOEA		
Received by DOEA		
Entered into DOEA Db		

**I am requesting a Medicaid Provider Number for
 Consumer Directed Care Plus with a specialty code 68.**

Signature: _____ Date: _____

Print Name: _____

Instructions: *This form should be completed by each consultant only once – during training – unless requested by the department to complete it again.* Complete the entire form. **Please print legibly!**

The “Medicaid Provider Number” is a 9-digit number which is assigned to you. **Write in only the first 7 digits** (i.e., omit the last 2, which for WSCs is “96”). As a solo practitioner, your number and your solo practice number should be the same. If you hire other consultants, you are considered an agency (group), and you must complete the “Consultant Registration – Agency-Affiliated” form instead. If you have applied for, but have not yet received, a Medicaid Provider Number, leave blank or write “Pending” on this line.

It is extremely important that your name, your practice name and the mailing address be consistently written throughout this project. Your consumers must also refer to you on their application forms the same way you are registered.

The mailing address should be the address to which you want all project materials sent. Please indicate whether this is your home address or a separate business address.

As a Solo Practitioner, you must complete and sign a Memorandum of Agreement to provide Consultant Services for the CDC+ Project.

Give completed form and MOA to the CDC+ contact in the District Developmental Disabilities Program. The district office will keep the originals and send a copy of this form to the Central Developmental Disabilities Office in Tallahassee for processing. Thank you.