CONSULTANT REGISTRATION
SOLO PRACTITIONER

Instructions:

- Fill out form completely and print clearly.
- You must receive a signed copy of this form BEFORE a CDC+ consumer can select you as a consultant.
- Submit this form along with a copy of your Certificate of Completion, the signed Memorandum of Agreement (MOA), and the signature page of the Medicaid Waiver Services Agreement (MWSA).
- If your contact information changes, a Consultant Information Update form must be sent in to CDC+ to keep your records current. Find all forms on the CDC+ Website at: apd.myflorida.com/cdcplus/consultants.
- If your status changes from Solo to Agency, you must execute a new MOA and a Consultant Registration form for an Agency Affiliated provider.

Consultant Name: _____ ____ _____
First Name MI Last Name

Medicaid Provider ID Number: ___ ___ ___ ___ ___ ___ ___ ___ ___

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

Mailing Address: _____

_____
City State Zip Code

Work Number: _____

Cell Number: _____

Fax Number: _____

E-Mail Address: _____

By signing below, the consultant confirms that they have completed all required training and passed the Readiness Review; they understand and agree to the CDC+ Consultant roles and responsibilities as referenced on pages 2-5 through 2-8 of the CDC+ Rule Handbook; they have an active DD Contract in FMMIS; and they have signed a MOA with the Regional Manager in all APD regions that they will serve.

APD Regions that the consultant will serve: _____

Consultant Signature:_____ Date: _____

CDC+ State Office Approval/Completion of Registration:

CDC+ Signature:_____ Date: _____