



Document Checklist

Individual Provider: _____

Provider Agency: _____

Address: _____

Phone #: _____

E-Mail: _____

Please submit copies of the following information:

Individual	
	New CCS Provider Orientation Training
	Resume
	Degree/Diploma <i>or</i> Transcript indicating degree conferred
	Professional License* for state of Wisconsin (Check Expiration Date)
	Orientation Check List (Due from new providers within 90 days of initial billing date)
	Background Information Disclosure request (BID)*
	2 Reference Letters
	Criminal Background Check Results* (Due every 4 years) Out of State in the last 3 years
	Caregiver Background Check Results* (Due every 4 years) Out of State in the last 3 years
Agency	
	Liability Insurance Certificate* (Expire Annually)
<u>Ongoing (Not due with Initial credentialing)</u>	
	Ongoing Training Log* (Must Complete <u>Annually</u> : 8 hrs. training Required).

***Items that need to be submitted again once expired**

**Columbia County
 CCS Program
 111 E Mullett Street
 P.O. Box 136
 Portage, WI 53901
 608-742-9227**

**Richland County
 CCS Program
 221 W Seminary Street
 Richland Ctr. WI 53581
 608-647-8821**

**Sauk County
 CCS Program
 505 Broadway
 Baraboo, WI 53913
 608-355-4200**