

Renewal Application
Habilitative Intervention Certificate of Completion v3.1.2017

Renewal application must include all of the required information in order to be processed. You may submit your renewal form beginning 90 days prior to your renewal date. **Incomplete applications will not be processed.**

Name: _____ Personal Phone #: _____

Mailing Address: _____ City: _____ State: _____

Zip: _____ E-mail Address: _____

Check which renewing: Children 0-3 Children 3-18 Both

Current HI Certificate Start Date: _____ - End Date: _____

Make my name and contact information available to Support Brokers to provide services under the Family Direct Services pathway: Yes No

CONTINUING TRAINING REQUIREMENTS FOR PROFESSIONALS: 16.03.10.685.07

07. Continuing Training Requirements for Professionals. Each professional providing waiver services **must complete at least twelve (12) hours of yearly training, six (6) hours of which must cover behavior methodology or interventions** shown to be effective. If the individual has not completed the required training during any yearly training period, he may not provide waiver services beginning with the anniversary date of the following period, and thereafter, until the required number of training hours have accumulated. As training hours accumulate, they will be applied first to any training-deficient prior yearly period before being applied to the current annual training period. Training hours may not be earned in a current annual training period to be applied to a future training period. (7-1-11) **Your certificate of completion is issued for two years; therefore, 12 hours will be required for each year of your Certificate of Completion totaling 24 hours of training.**

(Do not include trainings that occurred prior to the effective date of your HI Certificate of Completion.)

YEAR 1: _____ to _____
(Start date of Certificate) (364 days from start date)

Agency(s) employed by during this year: _____

I met the training requirements for year one of my certificate and have documentation to support the continuing training requirements **(at least twelve (12) hours of yearly training, six (6) hours of which must cover behavior methodology or interventions.)**

YEAR 2: _____ to _____
(365 days from start date) (End date of Certificate)

Agency(s) employed by during this year: _____

I met the training requirements for year two of my certificate and have documentation to support the continuing training requirements **(at least twelve (12) hours of yearly training, six (6) hours of which must cover behavior methodology or interventions.)**

HI Applicant Signature: _____ **Date:** _____

By signing I certify that the information I have provided within this application is true, complete, and correct. I understand I must maintain documentation of my training and that all information is subject to Department review.

We prefer renewal applications to be submitted by email to: facsddco@dhw.idaho.gov.

Please reference in the Subject line: Applicant's name, HI Renewal Application

Or Mail to: Idaho DHW, FACS DD, 450 W. State St. 5th Floor, Boise, ID 83720-0036; or Fax to: (208) 332-7331

Revised 1/24/17