Rev. 3/2016

Kentucky Early Intervention System
Renewal Checklist

(Agency of 1 or Agency of Multiple)

Agency Name: _____

☐	Enrollment Application (make sure all pages are complete with original signature)
☐	Copy of Agency Professional Liability Insurance (must show dates effective)
☐	Service Provider Agreement (must have original signature)
☐	Business Associate Agreement (must have original signature)
☐	Affidavit (must have original signature and notarized)
☐	Financial Forms (W9 and Direct Deposit)
☐	Copy of Agency NPI Registry
☐	Copy of IRS Letter or email for Federal Tax Identification Number
☐	Copy of Subcontract (if applicable)

Provider Name	Copy of Licensure (must have expiration date)	Recordkeeping Module Completed (SLA use only)	Required Trainings (depends on provider's start date)	Signature on File (original signature)	Code of Ethics (original signature)	Service Catchment Area	Copy of NPI Registry
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Billing and Administrative Staff	Signature on File (original signature)	Code of Ethics (original signature)	Recordkeeping Module Completed (SLA use only)
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Incomplete Notices:
Notice to Provider sent: _____
Response Received: _____

State Lead Agency Use Only							
	Received	Packet Complete	Financials & Adobe	TOTS	RAS signature	Scanned	Final to Provider
Date							
Initials							