



Transforming Lives. Building Community Well-Being.

ELIGIBILITY DETERMINATION FOR NC-SNAP TRAINING

Name: _____

Agency: _____

Degree: _____

Discipline (what your degree is in): _____

Institution (College/University) you received your degree from: _____

Date you received your degree: _____

Professional License or Certification Type and Number (if applicable):

Current Professional Credential Status:

QP (Qualified Professional) in: I/DD MH SU

AP (Associate Professional) in: I/DD MH SU

If AP, name and qualifications/credentials of current clinical supervisor. Is your supervisor privileged to perform the NCSNAP? _____

What is your current position? _____

What services will you be providing? _____

Age and disability of population to be served in current position: _____

Number of years of supervised work experience providing I/DD habilitative services: _____

Please provide a brief synopsis of your work experience with people with I/DD. Include number of years worked, agency name, and type of work/position held.





NC DEPARTMENT OF
**HEALTH AND
 HUMAN SERVICES**
 Division of Mental Health, Developmental
 Disabilities and Substance Abuse Services

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

KODY H. KINSLEY • Deputy Secretary for Behavioral
 Health & IDD

NC-SNAP Examiner Training Registration Form

Training Date Requested:	
Training Location:	
Agency Requesting Training:	
Referring LME-MCO or Development Center:	Trillium Health Resources
LME-MCO Training Coordinator:	Carmina Weatherspoon

Note: The information on this form is pasted into a database, used to generate a training sign-in sheet and examiner certification cards. Please type all information as it should appear on the NC SNAP database.

Name (Please Do Not use all caps)	Job Title, Agency Name (please list job title, agency name)	Phone Please format as (999) 999-9999	Email Address

Please note that NC-SNAP examiner certification is only available to persons who will be responsible for completing or reviewing NC-SNAP assessments and meet minimum qualifications of a Qualified Professional.

NC-SNAP examiner training registration is available by LME-MCO or Developmental Center referral only (i.e., provider agencies should email training requests to their LME-MCO’s NC-SNAP training coordinator).

PLEASE DO NOT FAX REGISTRATION FORMS.

LME-MCO, NC-SNAP training coordinators or Developmental Center supervisors will forward registration requests to the DMH/DD/SAS designee.

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND
 SUBSTANCE ABUSE SERVICES**

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