

ELIGIBILITY DETERMINATION FOR NC-SNAP TRAINING

Name: _____

Agency:					
Degree:					
Discipline (what your degree is in):					
Institution (College/University) you rece	ived your degr	ee from:			
Date you received your degree:					
Professional License or Certification Typ					
Current Professional Credential Status:					
QP (Qualified Professional) in:	□ I/DD	□МН	SU		
AP (Associate Professional) in:	□ I/DD	□МН	SU		
If AP, name and qualifications/credentia	als of current c	linical supervi	sor. Is your supervisor		
privileged to perform the NCSNAP?					
What is your current position?					
What services will you be providing?					

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.

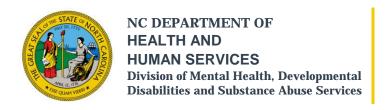
Age and disability of population to be served in current position:

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

Provider Support Services: 1-855-250-1539

TrilliumHealthResources.org Business & Administrative Matters: 1-866-998-2597





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 IME-MCO or Development Center:	Trillium Health Resources			
IME-MCO Training Coordinator:	Carol Bowen; Cammie Smith/ NCsnap@trilliumnc.org			
Note: The information on this form is pasted in	nto 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

> LOCATION: 306 N. Wilmington Street, Bath Building, Raleigh, NC 27601 MAILING ADDRESS: 3001 Mail Service Center, Raleigh, NC 27699-3001 www.ncdhhs.gov • TEL: 919-733-7011 • FAX: 919-508-0951