Required Materials for Therapist File

Applicant Name­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_Current License (Expiration Date\_\_\_\_\_\_\_\_\_\_\_) Type of License\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_BEA Extension (Expiration Date\_\_\_\_\_\_\_\_\_\_\_) Language Spoken \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_ABA Certification

\_\_\_\_\_\_\_\_\_Liability Insurance (Expiration Date\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_\_\_\_\_\_NYS Central Clearance Letter (Cleared \_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_\_\_\_\_\_NYC DOE Fingerprint Clearance (Cleared\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_\_\_\_\_\_SEL Check (Cleared­­­\_\_\_\_\_\_\_\_\_\_\_­)

\_\_\_\_\_\_\_\_\_Medical form (Expiration Date\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_\_\_\_\_\_PPD results

\_\_\_\_\_\_\_\_\_Immunizations

\_\_\_\_\_\_\_\_\_3 Letters of Reference \_\_ \_\_ \_\_

\_\_\_\_\_\_\_\_\_3 Phone References \_\_ \_\_ \_\_

\_\_\_\_\_\_\_\_\_Signed Independent Contractor Agreement (Date\_\_\_\_\_\_\_\_\_)

\_\_\_\_\_\_\_\_\_Signed SEIT Compliance Packet (Date\_\_\_\_\_\_\_\_\_)

\_\_\_\_\_\_\_\_\_1 Picture ID

\_\_\_\_\_\_\_\_\_W4

\_\_\_\_\_\_\_\_\_ Direct Deposit