
INDEPENDENT CONTRACTOR REGISTRATION PACKET

Revised: March 2010

Dear Prospective Contractor:

Thank you for your interest in RCDS. **Rockland Child Development Services (RCDS)** is a New York State Department of Health approved Early Intervention Program and provider of preschool special education services, serving families in the five boroughs of NYC as well as Rockland and Orange Counties. RCDS takes pride in ensuring the highest level of care to all our children and families. Therefore, we are continually seeking qualified professionals to be part of our dedicated network of skilled providers.

A **Registration Packet** is enclosed for your immediate review. This packet contains information about our agency as well as a general application and a list of documents that are required for you to serve as a contractor with RCDS. To expedite the registration process we kindly ask that you consider the following points:

- Within the **next 14 calendar days** please complete the application and submit the required documents to our agency. Please note that based on our high volume of inquiries, contractor applications are processed on a first come, first serve basis. Therefore, any delays in record submissions will inevitably hinder the registration process.
- **Please pay special attention to the State Central Registry form (SCR).** *The SCR clearance is required before you can become an active provider with the agency.* Be sure to include all addresses where you have resided **dating back to 1973**. Omissions will result in the return of this form and delay the processing of your application.
- **Only the originals** of each form with your original signature can be accepted (*no faxes or scanned copies*)
- **Errors or missing information** on your documents will delay the registration process. I encourage you to carefully review that all required documents are included and that you have made copies for your records before they are submitted to our office.



Please forward your **completed application** with the required **signed** documents via US postal mail to:

Kaitlin Lavin, Office Assistant

RCDS

25 Chestnut Street

Suffern, New York 10901

Once we have received and reviewed your completed records, it will be determined if you meet all the necessary requirements to serve as an active contractor with our agency. Qualified professionals will be contacted to attend a **required orientation meeting** in which we address key forms as well as standard agency policies & procedures.

In the interim if you have any questions or concerns, please feel free to contact me at **866-715-3209 ext. 4112**. Inquiries regarding the status of your contractor records can be directed to Michelle Gomez, Office Assistant at: **888- 518-8716 Ext.114**.

Once again thank you for your interest in RCDS. Your consideration is deeply appreciated.
Thank you!

Sincerely,

Dawn L. Mastoridis

Executive/State Director

CONTRACTOR RECORD CHECKLIST

PROVIDER'S NAME: _____ DATE: ___/___/___

<input type="checkbox"/> LICENSE: SED PROFESSIONALS ONLY
<input type="checkbox"/> REGISTRATION/CERTIFICATE-TEACHING PROFESSIONALS ONLY
<input type="checkbox"/> MALPRACTICE INSURANCE (1.0/3.0)
<input type="checkbox"/> UPDATED RESUME
<input type="checkbox"/> COMPLETED RCDS PROVIDER PROFILE Form
<input type="checkbox"/> Current & Completed PHYSICAL HEALTH EXAM
<input type="checkbox"/> TAX FORM: W-9
<input type="checkbox"/> Corporation/ Workers Comp. Policy
<input type="checkbox"/> NYS DOH LETTER <input type="checkbox"/> Evaluations <input type="checkbox"/> Ongoing Services <i>NOTE: NYS DOH <u>Conditional Approvals</u> Expire Within 2 Years</i>
<input type="checkbox"/> NY SCR CLEARANCE APPLICATION <i>* SCR processing can take up to 30 days or more so this must be completed & returned to RCDS as soon as possible</i>
<input type="checkbox"/> COPY OF TWO (2) FORMS OF ID
<input type="checkbox"/> TWO (2) PROFESSIONAL REFERENCES
<input type="checkbox"/> CODE OF CONDUCT-Reviewed & Signed
<input type="checkbox"/> CONTRACTUAL AGREEMENT; <i>Contractor to Review, Initial & Sign; Rates to be Included by RCDS Following Contractor Orientation</i>
<input type="checkbox"/> INTERVIEW/ ORIENTATION TO RCDS SYSTEMS, POLICIES & PROCEDURES: <i>To Be Scheduled AFTER ALL Required Records Are On File</i>
<input type="checkbox"/> OIG Form Completed: <i>Internal Use Only</i>

Provider Profile Form

Date Completed: ____/____/____

Name: _____ Discipline: _____

Address: _____

Home Phone: ____/____/____ Fax #: ____/____/____

Work Phone: ____/____/____ Best number to call: _____

Cell Phone: ____/____/____ Best time to call: _____

E-mail: _____

PREFERRED SERVICES:

Evaluations
 IFSP Services-Home/Community
 IFSP Services-Center
 Private Pay

AVAILABILITY & COVERAGE AREA:

Borough/County	Neighborhoods/Zip Codes
QUEENS	
BROOKLYN	
BRONX	
MANHATTAN	
STATEN ISLAND	
ROCKLAND COUNTY	
ORANGE COUNTY	

DAYS AVAILABLE: _____

Provider Name: _____ **Discipline:** _____

LANGUAGES:

Is applicant bilingual? No Yes If so, please indicate what language(s)

Does applicant know American Sign Language? No Yes

If so, please indicate if you are a certified interpreter and/or translator _____

SPECIAL SKILLS

Applied Behavioral Analysis - () Training Verification () Experience: _____

- Verbal Behavior Greenspan Method: Floor Time
- Sensory Integration Therapeutic Listening Fine Motor
- Feeding Oral Motor Voice Auditory Verbal Therapy
- Prompt Fluency Auditory Training Aug. Communication
- PECS Hearing Impaired Cochlear Implants Central Auditory Processing

Other: _____

REQUIRED FOLLOW-UP:

- SCR Form Completed & Immediately Submitted to RCDS:** ____/____/_____
- Completed Recruitment Packet Items ALL Submitted to RCDS:** ____/____/_____
- Attended RCDS Contractor Orientation:** ____/____/_____
- Reviewed RCDS Contractor Policy & Procedure Manual:** ____/____/_____
- Conducted Trial Review of RCDS' Provider Soft System:** ____/____/_____
- Introductory Contact with Relevant RCDS Team Members:** ____/____/_____