Early Intervention Credential Extension
Request Form

“Temporary” Credential Status Extensions

A credential extension of up to **6 months** for credentialed “Specialist” and “Associate” Level Credentialed providers & **90 days** for credentialed Service Coordinators and Parent Liaisons may be granted due to non-compliance with Supervised Professional Experience and/or completion of training requirements established due to extreme hardship or extenuating circumstances. Such requests will be evaluated on an individual case basis and must follow the prescribed procedures below.

A letter from a CFC manager must accompany any request for a Temporary Credential Status extension in which the reason for the extension is the inability to accrue the required number of Supervised Professional Experience hours within the assigned time frame. **THE REQUEST FROM THE CFC MANAGER MUST BE AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE.**

“Full” Credential Status Extensions

A credential extension of up to **3 months** for “Full” Credentialed Providers may be granted due to non-compliance with the Continuing Professional Education requirements. Extension requests will be evaluated on an individual case basis due to extreme hardship and/or extenuating circumstances.

Extensions must be requested via this form.

TO BE COMPLETED BY PERSON REQUESTING EXTENSION

Date: ______________________________

Provider Name Requesting Extension: ______________________________________________________________

Credential & Credential #: ____________________________________________________________________

Date of Credential Expiration: ________________________________________

Reason for Extension Request:

___________________________________________________________________________________________

___________________________________________________________________________________________

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FOR OFFICE USE ONLY

Extension Request: ________ Approved ________ Denied

Reason Denied:

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