

Consultation Verification Form

Consultation Requirement Either Prior to or During Temporary Credential:

In order to qualify for full credential status an individual must complete and document 240 hours of professional experience while being in consultation with a professional qualified to provide consultative feedback regarding the provision of direct Early Intervention services for which they are being credentialed to infants, toddlers and their families, except that Hearing Developmental Therapists, Vision Developmental Therapists, and O & M Developmental Therapists need only document 120 such hours. Documentation must show that the individual participated in consultation with an **appropriately experienced individual of the same discipline/Early Intervention service group** who has experience working with children ages birth to three with special needs. The consultation shall be in compliance with the professional standards of the individual seeking the credential as determined and documented by the consultant.

Individuals without the consultative professional experience required above shall complete and document 240 hours of such supervised experience within **18 months of issuance of their temporary credential**. Extensions up to six (6) months may be granted upon written request setting forth the facts concerning non-compliance with this requirement. The Department of Human Services credentialing office will consider extreme hardship and other extenuating circumstances and determine if an extension should be granted on an individual basis.

Applicant Name: _____ SS# (Last 4 digits) _____

Clinical Professional Consultant's Name: _____

Clinical Professional Consultant's Address: _____

By checking (✓) the box to the left, the applicant/provider and the Clinical Professional Consultant attest to the completion of the 240 hours of consultative professional experience as required by the Illinois Department of Human Services Rule 500 - Early Intervention **AND** as described above.

By signing below I hereby verify that I consulted with the above applicant for _____ hours
during _____ through _____ at _____ .
(mo/yr) (mo/yr) (location)

Signature of Clinical Professional Consultant

Date

Signature of Credential Applicant/Provider

Date

Individuals without the consultative professional experience required above shall complete and document 240 hours of such consultative experience within 18 months of issuance of their temporary credential.