

COS 445-ASD
Specialty 566 – Board Certified Behavioral Analysts (BCBA)

Provider's Name: _____

Payee Provider # (if available): _____

*The EFT Agreement and W-9 are not required if a valid **Payee Provider** number has been established for the entity listed on the Power of Attorney for Payee and that number is listed above.*

The following information and/or documentation is required to complete the application for enrollment in the Autism Spectrum Disorder Services program:

- ___ Individual Enrollment Web Application

- ___ IRS Form W-9
The payee name on the W-9 must match the business name as registered with the IRS.

- ___ Power of Attorney for Payee
If the designated payee is different from the applicant, a signed and notarized Power of Attorney for Payee must be completed.

- ___ National Plan and Provider Enumeration System (NPPES)

- ___ Electronic Funds Transfer Agreement
Must attach a voided check or a letter from the bank for the account in which funds are to be deposited.

- ___ Copy of BCBA Certificate (National Certification)

- ___ One year of experience treating individuals diagnosed with ASD.

- ___ CVO-Curriculum Vitae (Resume)

- ___ CVO-Proof of Malpractice Insurance

- ___ CVO-Explanation of Reported Adverse Action (Required if Adverse Action noted)

- ___ CVO-Explanation of Work History Gaps

- ___ CVO REQUESTED DOCUMENT – Generic document used to upload anything the CVO requires after the application is submitted to the CVO

Comments: _____

If you have any additional questions, please contact DXC Provider Enrollment at: 1-800-766-4456