



Division of Provider Services and Quality Assurance

**NOTIFICATION REGARDING CERTIFICATION
INDEPENDENTLY LICENSED PRACTITIONER**

Check only one:

- ☐ DHS Form #5 – New application for certification/Adding site
- ☐ DHS Form #3 – Application to renew certification; Cert. #
- ☐ DHS Form #4 – Site closure; Cert. # Duration
- ☐ DHS Form #4 – Application for site transfer; Cert. #
- ☐ Notification for site relocation; Cert. #
- ☐ DHS Form #6 – Annual Report; Cert. #

PROVIDER NAME: _____

PROVIDER ADDRESS: _____
Street City County State Zip Code

MAILING ADDRESS: _____
(if different) *Street City County State Zip Code*

- ☐ Licensed Certified Social Worker (LCSW) ☐ Licensed Psychologist
- ☐ Licensed Marital and Family Therapist (LMFT) ☐ Licensed Professional Counselor
- ☐ Licensed Psychological Examiner – Independent (LPE-I)

CONTACT NAME: _____

CONTACT E-MAIL ADDRESS: _____ PHONE NUMBER: _____

TAXPAYER ID # (TIN or EIN): _____ HOURS OF OPERATION: _____

The applicant affirms receipt of the *Behavioral Health Independently Licensed Practitioners Certification Manual* and agrees to comply with these standards, as indicated by the signature below:

Name of Applicant (print)

Signature of Applicant Date

Completed forms should be submitted to DPSQA.ProviderApplications@dhs.arkansas.gov.



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Please remit with the form the following documents:

DHS Form #5 – New application for certification/Adding site:

- Completed W-9 in Practitioners name
- Any required business license(s)
- Copy of current practitioner license
- Copy of Family Involvement Policy (for clients under age 18)

DHS Form #3 – Application to renew certification:

- Copy of current practitioner license
- Copy of current required business license(s), if any
- Copy of Family Involvement Policy (for clients under age 18), if changed

DHS Form #4 – Site closure:

- Documentation demonstrating continuity of care
- Documentation of notice to families and clients of closure
- Copy of public notice to be posted on site entry
- Copy of transition plan

DHS Form # 4 (continued) – Application for site transfer:

- Any required business license(s) for proposed location
- Copy of current practitioner license
- Copy of Family Involvement Policy (for clients under age 18), if changed

Notification for site relocation:

The provider must follow the rules for closing the original site, and the rules for opening a new site.

DHS Form # 6 – Annual Report:

- Copy of current practitioner license(s)
- Copy of existing contracts with professionals, agencies, and entities
- Copy of passed annual fire and safety inspection from the State Fire Marshall/local authority

*Additional information may be requested and required upon review of application(s) for license.