



## Champaign County Board of Developmental Disabilities

224 Patrick Avenue, P.O. Box 829, Urbana, Ohio 43078

Phone 937 653 5217 / fax 937 653 7516

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### Becoming a Provider

Choose a Path

Work with an  
Agency Provider

Contact the CCBDD  
Provider Employment  
Support Coordinator

-OR-

Directly contact the  
provider agency you  
wish to work for

-THEN-

Follow the provider  
agency procedures

Become an  
Independent Provider

Contact the CCBDD  
Provider Employment  
Support Coordinator

-NEXT-

Create an Account and  
Get a Supplier ID

-THEN-

Obtain Required  
Documentation and  
Training

If you decided to become an Independent Provider, continue to page 2 for more detailed instructions.

# Steps for Becoming an Independent Provider

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1. **Contact the CCBDD Provider Employment Support Coordinator** (DO THIS FIRST – DO NOT START THE PROCESS WITHOUT SPEAKING TO THE COORDINATOR)

Kirby Keller  
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Urbana, OH 43078  
(937) 653-1783  
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2. Create your Provider Account and Get a Supplier ID

3. Gather the Required Documentation and Complete Required Training

- Contact the Provider Coordinator** to set up BCII Background Check (and FBI check if you have NOT been a resident of Ohio for the previous 5 consecutive years)
- Verification of Age (Must be at least 18 years), COPY OF VALID BIRTH CERTIFICATE
- Valid government-issued photo identification (ex. Copy of Driver's License or State ID)
- High School Diploma / High School Equivalence (Associates, BA, or MA also accepted)
- Valid Social Security Card
- State of Ohio Supplier ID Number (**Provider Coordinator will give more detail**)
- Be able to read, write, and understand English at a level sufficient to comply with all requirements
- First Aid & CPR Certification (MUST BE CURRENT)
- Initial Training for Independent Providers provided by the Department or entity using Department provided curriculum (**Provider Coordinator will give more detail**)

## IF PROVIDING TRANSPORTATION (HPC and/or NON-MEDICAL)

- Proof of valid car insurance
- Driver's Abstract (can obtain from local BMV. **Must be dated within 14 days of application submission**)

## IF PROVIDING HOMEMAKER PERSONAL CARE, PARTICIPANT DIRECTED HOMEMAKER PERSONAL CARE, and/or IO WAIVER NURSING

- Electronic Visit Verification (EVV) Training Certificate

**\*\* All applicants MUST complete a BCII Background Check**

**\*\* If you have NOT lived in Ohio for the previous 5 consecutive years, you MUST complete the FBI Check**

**\*\* Rules for coding and submission of background checks are very specific. Therefore, it is VERY IMPORTANT to contact the Provider Coordinator before completing the checks.**