

**Applicant Orientation to Enrollment and Provision of Quality Services
In the Intellectual Disability Service System
Registration for Training Session**

The *Applicant Orientation to Enrollment and Provision of Quality Services in the Intellectual Disability Service System* has been developed by the Office of Developmental Programs (ODP) to ensure that all applicants intending to provide Consolidated and/or Person/Family Directed Support Waiver services for individuals with an Intellectual Disability (ID) have a basic understanding of how the ID system operates prior to starting services.

Note:

- The Chief Executive Officer/Director of the agency seeking approval to provide services is required to attend this *Orientation*.
- Successful completion of the *Orientation* is dependent upon participation in the full day training and passing a post-test (further details about the post-test will be explained on the day of training.)
- Most sessions begin at 9:00 a.m. and conclude at 4:00 p.m. Registration confirmation will include times. There will be a lunch break (lunch is not provided.)
- Materials will be emailed to participants prior to the training date. Participants are expected to print and bring training materials to the training (copies will not be available at the training site.)

Please complete information for each participant. In addition to the CEO/Director, up to two (2) additional participants from each agency may attend, contingent on the space available on the training day. All fields for participant information are required.

Agency name (If you are an individual applying to provide services, enter your name)

In which county do you intend to initially provide service(s)?

Enter Agency FEIN# (individuals seeking to provide services, enter SS#)

Check this box if the agency does not have an FEIN#

Enter Agency MPI#

Check this box if the agency does not have an MPI#

Agency phone ()

Agency Mailing Address

City

State

Zip Code

Agency email

Agency website

Participant 1 (CEO/Director):

Last Name

First Name

Title

Email

Participant 2:

Last Name

First Name

Title

Email

Participant 3:

Last Name

First Name

Title

Email

Specify session:

First choice	Date	2016	Location (city/town)
Second Choice	Date	2016	Location (city/town)

Please specify accommodation needs for any participants:

Please email this Registration form to the ODP Provider Applicant Orientation mailbox: RA-PWPROVIDERAPP@pa.gov

NOTE: Submission of this registration form does not guarantee admission into a training session. ODP will process your registration and you will receive confirmation of the date, time, and location of your scheduled session.