

Help Me Grow Home Visiting Home Visitor Credentialing Checklist

Applicant Information			
Last Name	First Name	Middle Name	OPIN #
Address:			
Employing Agency	Agency Phone	Supervisor Name	Supervisor OPIN
Home Visitor Provisional Credential			
The home visitor referenced above has met the following requirements for a provisional home visiting credential. Upload this checklist to the application in the Ohio Professional Registry.			
<input type="checkbox"/> Healthy Families America	<input type="checkbox"/> Nurse Family Partnership	<input type="checkbox"/> Parents as Teachers	
<input type="checkbox"/> ODH approved stopgap or full training for Foundations for Family Support (ISHV) <input type="checkbox"/> ODH approved stopgap or full training for Parent Survey for Community Outreach (PSCO) <input type="checkbox"/> All ODH Required tools (upload proof of completion) <input type="checkbox"/> Adverse Childhood Experiences (ACEs) <input type="checkbox"/> Ages and Stages Questionnaire – 3 (ASQ) <input type="checkbox"/> Ages and Stages Questionnaire Social Emotional – 2 (ASQ:SE) <input type="checkbox"/> Edinburgh (EPDS) <input type="checkbox"/> Environmental Safety Checklist <input type="checkbox"/> Home Observation for Measurement of the Environment (HOME) <input type="checkbox"/> Relationship Assessment Tool (RAT) <input type="checkbox"/> Safe Sleep Assessment Tool <input type="checkbox"/> Safety for Home Visitors	<input type="checkbox"/> NFP Nursing Unit 1 <input type="checkbox"/> NFP Nursing Unit 2 <input type="checkbox"/> All ODH Required tools (upload proof of completion) <input type="checkbox"/> Adverse Childhood Experiences (ACEs) <input type="checkbox"/> Ages and Stages Questionnaire – 3 (ASQ) <input type="checkbox"/> Ages and Stages Questionnaire Social Emotional – 2 (ASQ:SE) <input type="checkbox"/> Environmental Safety Checklist <input type="checkbox"/> Safe Sleep Assessment Tool	<input type="checkbox"/> Parents as Teachers Foundational Training <input type="checkbox"/> All ODH Required tools (upload proof of completion) <input type="checkbox"/> Adverse Childhood Experiences (ACEs) <input type="checkbox"/> Ages and Stages Questionnaire – 3 (ASQ) <input type="checkbox"/> Ages and Stages Questionnaire Social Emotional – 2 (ASQ:SE) <input type="checkbox"/> Edinburgh (EPDS) <input type="checkbox"/> Environmental Safety Checklist <input type="checkbox"/> Home Observation for Measurement of the Environment (HOME) <input type="checkbox"/> Relationship Assessment Tool (RAT) <input type="checkbox"/> Safe Sleep Assessment Tool <input type="checkbox"/> Smoking Cessation	
The above referenced applicant has met the education qualifications set forth in Ohio Administrative Code 3701-8-04 and has completed ODH and model required training requirements necessary to be awarded a provisional home visiting credential. The employing agency has verified completion and will maintain copies of necessary documentation.			
Supervisor Signature			Date

Home Visitor Full Credential

The home visitor referenced above has met the following requirements for a full home visiting credential. Upload this checklist to the application in the Ohio Professional Registry.

<input type="checkbox"/> Healthy Families America	<input type="checkbox"/> Nurse Family Partnership	<input type="checkbox"/> Parents as Teachers
<input type="checkbox"/> Foundations for Family Support for Home Visitors in-person/virtual training (ISHV) <input type="checkbox"/> Parent Survey for Community Outreach (PSCO) in-person/virtual training <input type="checkbox"/> All required HFA Wraparound Training <input type="checkbox"/> Confidentiality <input type="checkbox"/> In-person/virtual curriculum training (GGK/PAT)	<input type="checkbox"/> NFP Nursing Unit 3	<input type="checkbox"/> Parents as Teachers Model Implementation Training <input type="checkbox"/> Home Visitor Safety

The above referenced applicant has met the education qualifications set forth in Ohio Administrative Code 3701-8-04, demonstrates the ability to apply all core competencies and has completed ODH and model required training requirements necessary to be awarded a full home visiting credential. The employing agency has verified completion and will maintain copies of necessary documentation.

Supervisor Signature

Date

Help Me Grow Home Visiting Supervisor Credentialing Checklist

Applicant Information			
Last Name	First Name	Middle Name	OPIN #
Address:			
Employing Agency	Agency Phone	Supervisor Name	Supervisor OPIN
Supervisor Credential			
The individual referenced above has met the following requirements for a home visiting supervisor credential. Upload this checklist to the application in the Ohio Professional Registry.			
<input type="checkbox"/> Healthy Families America	<input type="checkbox"/> Nurse Family Partnership	<input type="checkbox"/> Parents as Teachers	
<input type="checkbox"/> Foundations for Family Support for Home Visitors in-person/virtual training (ISHV) <input type="checkbox"/> Foundations for Family Support for Supervisors/Program Managers (ISHV) <input type="checkbox"/> Parent Survey for Community Outreach (PSCO) in-person/virtual training for Home Visitors <input type="checkbox"/> PSCO for Supervisors/Program Managers Only <input type="checkbox"/> All required HFA Wraparound Trainings <input type="checkbox"/> CQI (minimum of 1 hour) <input type="checkbox"/> Reflective Supervision (minimum of 3 hours) <input type="checkbox"/> Ethics (minimum of 3 hours)	<input type="checkbox"/> Promoted from Team <input type="checkbox"/> Provisional <input type="checkbox"/> NFP Nursing Unit 1 <input type="checkbox"/> NFP Nursing Unit 2 <input type="checkbox"/> Full <input type="checkbox"/> NFP Nursing Unit 3 <input type="checkbox"/> NFP Nursing Unit 4 <input type="checkbox"/> CQI (minimum of 1 hour) <input type="checkbox"/> Reflective Supervision (minimum of 3 hours) <input type="checkbox"/> Ethics (minimum of 3 hours)	<input type="checkbox"/> Not Promoted from Team <input type="checkbox"/> Provisional <input type="checkbox"/> NFP Nursing Unit 1 <input type="checkbox"/> Full <input type="checkbox"/> NFP Nursing Unit 2 <input type="checkbox"/> NFP Nursing Unit 3 <input type="checkbox"/> NFP Nursing Unit 4 <input type="checkbox"/> CQI (minimum of 1 hour) <input type="checkbox"/> Reflective Supervision (minimum of 3 hours) <input type="checkbox"/> Ethics (minimum of 3 hours)	<input type="checkbox"/> Parents as Teachers Foundational Training <input type="checkbox"/> PAT Model Implementation Training <input type="checkbox"/> CQI Basics (minimum of 1 hour) <input type="checkbox"/> Reflective Supervision (minimum of 3 hours) <input type="checkbox"/> Ethics (minimum of 3 hours)
The above referenced applicant has met the education qualifications set forth in Ohio Administrative Code 3701-8-04 and has completed ODH and model required training requirements necessary to be awarded a home visiting supervisor credential. The employing agency has verified completion and will maintain copies of necessary documentation.			
Supervisor Signature			Date