

Clinician Application for OPWDD Approval

Background: The Health Care Decisions Act for Persons with Developmental Disabilities specifies that certain functions may only be performed by physicians or licensed psychologists who meet the following criteria: 1) are employed by a DDSO; 2) have been employed by an agency for at least two years to provide services to people with developmental disabilities in a facility or program operated, certified or authorized by OPWDD; or 3) have specialized training or at least three years of experience in serving people with developmental disabilities and have been approved by the Commissioner of OPWDD. This application form should be completed by physicians and licensed psychologists who are seeking OPWDD approval under #3. A separate application process is available for clinicians who meet the requirements under #2 and who wish their names to appear on the list of clinicians maintained by each DDSO.

Instructions to applicant: Please fill out and submit to the DDSO that is responsible for the area in which you primarily provide services. A map and list of DDSOs can be found the OPWDD web site at www.opwdd.ny.gov

Name _____

License # _____ Expiration date _____

- Physician
- Licensed psychologist

Address _____

Tele. # (work) _____ (home) _____ (fax) _____

E-mail address _____

1. Do you have three years of experience serving people with developmental disabilities? __Yes __No
Attach a brief description of your experience serving people with developmental disabilities including the length of time providing services. Specify any agency providing services to people with developmental disabilities with which you have had an affiliation.
2. Attach a brief description of any specialized training you have received related to serving people with developmental disabilities.
3. List the counties of residence for people with developmental disabilities that you serve:

4. Have you ever been found guilty of medical misconduct by the Board for Professional Medical Conduct or subject to a disciplinary action by the Board of Regents for professional misconduct, or are you currently under investigation or are proceedings pending by those bodies? ___Yes (attach explanation) ___No
5. Attach your resume.
6. **Note:** OPWDD will contact current and previous employers and affiliated agencies to verify information provided.

Signature _____

Date _____