



A Crisis Services for Individuals with Developmental and/or Intellectual Disabilities (CSIDD) Provider may hire a New York State licensed consultant to support the Clinical and/or Medical Director in providing supervision and oversight to the interdisciplinary team.

CSIDD Provider Agency: _____

Provider Contact Name: _____

Contact Phone #: _____

Date Submitted to Regional Office: _____

The prospective consultant must have a Ph.D. or a Psy.D. in Psychology or an M.D./D.O or APDN, be licensed by the New York State Office of Professions, and operate within the scope of the practice of their state license.

Consultant Name: _____

Consultant Qualifying Title: _____

New York State License #: _____

Please send the completed form to: CSIDDCOF@opwdd.ny.gov

Central Office Approval Determination

Please verify the consultant's license is current and in good standing through the Office of Professions Verification Search: <http://www.op.nysed.gov/opsearches.htm>

Consultant is authorized to provide consultation services to the CSIDD Provider

Consultant is **not** authorized to provide consultation services to the CSIDD Provider

Date of Determination: _____

Name of Central Office Approver: _____