



Support Broker Mentor Request for Credit

Section I: Identifying Information

In this section please identify the Mentor (defined as the experienced broker approved to act as a mentor for another broker) and the Novice (defined as the broker within 12 months of their initial authorization and the recipient of the mentorship). The Mentor and Novice each must provide a Mentorship Program Form with their Support Broker Yearly Professional Development Record. Each party can receive up to six hours of credit per year in total. OPWDD will disregard hours in excess of six.

Please provide separate Support Broker Mentor Request for Credit Forms for each Mentor/Novice relationship.

Mentor

Form with fields for Last Name, First Name, Middle Initial, and Mentor's Broker Authorization Number.

Novice

Form with fields for Last Name, First Name, Middle Initial, Novice's Authorization Number, and Novice's date of authorization.

Section II: Activities

Complete or Update a Staff Action Plan [checkbox]

Form with fields for Date(s) and Hours Claimed for Staff Action Plan.

Develop a Self-Direction Budget that is consistent with a Life Plan [checkbox]

Form with fields for Date(s) and Hours Claimed for Self-Direction Budget.

Assist development of a Life Plan [checkbox]

Form with fields for Date(s) and Hours Claimed for Life Plan development.

Attend a Circle of Support Meeting with the Mentor [checkbox]

Form with fields for Date(s) and Hours Claimed for Circle of Support Meeting.



**Office for People With
Developmental Disabilities**

Review expenditure report

Date(s)	
Hours Claimed	

Assist in documenting services in accordance with Medicaid regulations/policy

Date(s)	
Hours Claimed	

Assist in the recruiting, interviewing, or scheduling of staff

Date(s)	
Hours Claimed	

Other (describe in the space below).

Date(s)	
Hours Claimed	

Total Hours Claimed	
Was a Self-Direction Participant's protected health information used?	<input type="checkbox"/>
If yes, does the Self-Direction Participant have active Support Broker Agreements with both brokers?	<input type="checkbox"/>

If any of the activities included reviewing or utilizing the protected health information of a Self-Direction Participant, you must attach a signed approval from the Self-Direction Participant allowing the Mentor and the Novice to use their information for this purpose. The only exception to this requirement is if both the mentor and the novice have active Support Broker Agreements with the subject Self-Direction Participant at the time of mentorship.

By signing below, the parties attest to the accuracy of the information provided.

Signature of Mentor	Date

Signature of Novice	Date

CBAR Use Only			
Reviewer	Determination	Date	
Additional Details (if necessary)			



Additional Instructions

Section I

Provide the legal name and Authorization Number for the Mentor.

Provide the legal name, Authorization Number and date of initial certification for the Novice.

Section II

Check the boxes next the topics covered during the period of mentorship.

Provide the days where the Mentor and the Novice discussed the topic. If a period covered multiple topics, please check the issue that represented the majority of the time.

Provide the total number of hours spent on mentorship, for each topic, rounded down to the closest quarter hour. For example, one hour, twenty minutes (aka 1.33 hours), is rounded down and becomes 1.25. (Do not add "hours" after the number.)

The Self-Direction Participant's approval must include their name and it must clearly say that they agree to have both brokers review their health information.

Submit this document with your Support Broker Yearly Professional Development Record.