



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. 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](mailto: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:** \_\_\_\_\_