

Ohio Department of Job and Family Services
**INSTRUCTIONS FOR COMPLETING THE JFS 01052,
CREDENTIALS FOR PROVIDERS OF PASSS FUNDED THERAPEUTIC SERVICES
AND MEMORANDUM OF UNDERSTANDING**

Child's names: Enter the first and last name of the child.

Date of Birth: Enter the child's date of birth.

Specify the therapy service: Provide a clear written statement of the type of therapeutic service that will be provided to the child. Per Ohio Administrative (OAC) 5101:2-44-13.1 (D)(1)

Professional Experience: describe the professional experience with the therapy provided to the child
(Include whether the professional will directly provide or supervise requested service).

Education and Training: list the education and training of the professional relative to the therapy being provided to the child.

Professional Credentials: Example PhD, LPC LSW, or LISW

Name of Provider: Enter the first and last name of the provider who will directly provide the therapeutic service.

Name of Practice: Enter the name of the practice.

Street Address of Practice: Enter the location of the practice.

City, State and Zip Code: Enter the city, state and zip code where the practice is located.

Telephone Number: Enter the area code and telephone number of the practice.

Ohio License #: Enter the license number of the profession

Licensing Board: Enter the name of the Licensing Board in which the provider is authorized to practice.