

If you are not a licensed social worker, licensed professional counselor or a licensed marriage & family therapist, following these instructions.

## **Unlicensed Professionals**

There is a four-step process that must be completed to be eligible for a contract position with NAHHS. The first step is the submission of your resume and the identification of your referral source. The second step is to determine contractor eligibility through the credentialing process. The third step consists of contract signing, receipt of your equipment and a photo shot for your NAHHS ID badge. The fourth step is to complete the onboarding process, IT training and your shadow assignment. Before you begin, please determine your eligibility for a contract position.

## **Methods of document submission for NAHHS Contract Positions**

**Email** [documentsubmission@etcfohio.com](mailto:documentsubmission@etcfohio.com)

**Text** 614.307.3636

**Fax Number** 614.304.6141

**Regular Mail:** ETC Credentialing Department P.O. Box 742 New Albany, Ohio 43054

## **Credentialing Process for Licensed Mental Health Professionals**

### **Step One**

- Submit Resume by email
- In the email, identify the individual that referred you for this contract position

### **Step Two: - (Submit the following documentation)**

- BCI (state database check) from the Ohio Attorney General's Bureau of Criminal Investigations **if you have been a resident of Ohio more than 5 years: Have the report mailed to ETC Credentialing Department P.O. Box 742 New Albany, Ohio 43054)**
- FBI/BCI (federal and state database check) from the Ohio Attorney General's Bureau of Criminal Investigations **if you have been a resident of Ohio less than 5 years: Have both reports mailed to ETC Credentialing Department P.O. Box 742 New Albany, Ohio 43054)**

- Birth Certificate
- Social Security Card
- Driver's License
- Official Driver's Abstract from the Ohio Bureau of Motor Vehicles
- High School Diploma and/or GED Transcript (Required if you have not attended college)
- Official College Transcripts (**Have official transcripts mailed to Executive Training Consultants, ATTN: Credentialing Department P.O. Box 742 New Albany, Ohio 43054**)
- Must have vehicle insurance coverage totaling \$100,000/\$300,000 (submit the Declaration Page for verification)
- Two Letters of Recommendation
- Complete the application for New Home Health Solutions

### **Step Three - Contract Signing**

- Sign your NAHHS contract
- Receive your equipment
- Take your picture for your NAHHS Id badge

### **Step Four - Complete the NAHHS Onboarding Process**

- Complete the following documents for New Albany Home Health Solutions
  - W-9
  - Direct Deposit Form
  - Acknowledgement of NAHHS Contractor Handbook
  - Electronic Equipment Agreement
- Complete IT training and Shadow Assignment

**New Albany Home Health Solutions, LLC.**

Behavioral Health Department  
P.O. Box 287  
New Albany, Ohio 43054  
Phone 614.305.5151

**Please type or print and return to:**

Executive Training Consultants, LTD.  
ATTN: Credentialing Dept.  
Mail: **P.O. Box 742 New Albany, Ohio 43054**  
Email Address: [documentsubmission@etcofohio.com](mailto:documentsubmission@etcofohio.com)  
Text: **614.307.3636**  
Fax: **614.304.6141**

**Letter of Recommendation**

Part I (to be completed by applicant)

Please print or type your answers to the following questions before giving this form to the person listed as a reference.

Name: \_\_\_\_\_  
Last First MI DATE

I am applying to the Behavioral Health Department for the position of:

\_\_\_\_\_

I hereby \_\_\_\_\_ waive, \_\_\_\_\_ do not waive future access to this recommendation.

Name of the Recommender: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_

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Part II (to be completed by the recommender and returned directly to the above address, email or fax number)

I have known the applicant \_\_\_\_ years(s) and is his/her \_\_\_\_ supervisor \_\_\_\_ colleague \_\_\_\_ friend  
\_\_\_\_ other/explain \_\_\_\_\_

\_\_\_\_\_

I know the applicant \_\_\_\_ very well, \_\_\_\_ moderately well, \_\_\_\_ slightly.

I rate the probability of success of the applicant as a behavioral health provider \_\_\_\_ high, \_\_\_\_ average,  
\_\_\_\_ low.

Please describe the work ethic of the applicant below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Recommender: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_