Central Finance Office (CFO)
Enrollment/Application Form

This application form must be attached to each individual practitioner's enrollment packet.

Practitioner Information

First Name: Carol MI: A Last Name: Practitioner

DOB: 07/01/1992 Gender: Female (F) SSN#: 000-00-0000

Mailing Address (PO Box/Street): 123 Main Street

City: Anytown State: WV Zip Code: 11111

Phone: _____ Mobile: (304) 123-4567 Fax: _____

E-mail Address: Carol.A.Practitioner@zmail.com

NPI#: 10000000001

Payee Organization Contact for Enrollment Questions:

Name: ABC EI Services Phone: (304) 999-9999

Billing Information

☐ **New Information** ☐ **Change of Information**

Please indicate the type of change: ☐ Specialty ☐ Name ☐ Phone ☐ Fax ☐ Address ☐ Email ☐ Billing

☐ Dis-Enrolling: Last Date of Work _____ ☐ Re-Enrollment Organization ☐ Re-Enrollment Independent

Payee Federal Tax ID Number: _____ Email Address: _____

Payee/Organization Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Ext.: _____ Fax: _____

Applying for enrollment under the following discipline(s):

- ☐ American Sign Language Specialist
- ☐ Hearing Specialist
- ☐ Nurse
- ☐ Orientation/Mobility Specialist
- ☐ Physical Therapy Assistant
- ☐ Service Coordinator
- ☐ Special Educator-Autism
- ☐ Vision Specialist
- ☐ Counselor
- ☐ Interim Service Coordinator (RAU)
- ☐ Occupational Therapist
- ☐ Parent Partner (RAU)
- ☐ Psychologist
- ☐ Social Worker
- ☑ Special Educator-BCBA/BCaBA
- ☐ Developmental Specialist
- ☐ Nutritionist
- ☐ Occupational Therapy Assistant
- ☐ Physical Therapist
- ☐ School Psychologist
- ☐ Speech and Language Pathologist
- ☐ Special Educator-Behavior Disorders

Please fill this form out completely for each individual and return by mail, fax or email to:

WV Birth to Three Central Finance Enrollment
C/O Gainwell Technologies
Post Office Box 29134
Shawnee Mission, Kansas 66201-9134
Fax: 913-888-6683
wvbttenroll@gainwelltechnologies.com