



Transforming Lives. Building Community Well-Being.

## ELIGIBILITY DETERMINATION FOR NC-SNAP TRAINING

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Degree: \_\_\_\_\_

Discipline (what your degree is in): \_\_\_\_\_

Institution (College/University) you received your degree from: \_\_\_\_\_

Date you received your degree: \_\_\_\_\_

Professional License or Certification Type and Number (if applicable):

Current Professional Credential Status:

QP (Qualified Professional) in:       I/DD       MH       SU

AP (Associate Professional) in:       I/DD       MH       SU

If AP, name and qualifications/credentials of current clinical supervisor. Is your supervisor privileged to perform the NCSNAP? \_\_\_\_\_

What is your current position? \_\_\_\_\_

What services will you be providing? \_\_\_\_\_

Age and disability of population to be served in current position: \_\_\_\_\_

Number of years of supervised work experience providing I/DD habilitative services: \_\_\_\_\_

Please provide a brief synopsis of your work experience with people with I/DD. Include number of years worked, agency name, and type of work/position held.





**NC DEPARTMENT OF  
HEALTH AND  
HUMAN SERVICES**  
Division of Mental Health, Developmental  
Disabilities and Substance Abuse Services

**ROY COOPER • Governor**  
**MANDY COHEN, MD, MPH • Secretary**  
**KODY H. KINSLEY • Deputy Secretary for Behavioral  
Health & IDD**

**NC-SNAP Examiner Training Registration Form**

<b>Training Date Requested:</b>	
<b>Training Location:</b>	
<b>Agency Requesting Training:</b>	
<b>Referring IME-MCO or Development Center:</b>	<b>Trillium Health Resources</b>
<b>IME-MCO Training Coordinator:</b>	<b>Carol Bowen; Cammie Smith/ NCsnap@trilliumnc.org</b>

**Note: The information on this form is pasted into a database, used to generate a training sign-in sheet and examiner certification cards. Please type all information as it should appear on the NC SNAP database.**

<b>Name</b> (Please Do Not use all caps)	<b>Job Title, Agency Name</b> (please list job title, agency name)	<b>Phone</b> Please format as (999) 999-9999	<b>Email Address</b>

**Please note that NC-SNAP examiner certification is only available to persons who will be responsible for completing or reviewing NC-SNAP assessments and meet minimum qualifications of a Qualified Professional.**

**NC-SNAP examiner training registration is available by LME-MCO or Developmental Center referral only (i.e., provider agencies should email training requests to their LME-MCO’s NC-SNAP training coordinator).**

**PLEASE DO NOT FAX REGISTRATION FORMS**

**LME-MCO, NC-SNAP training coordinators or Developmental Center supervisors will forward registration requests to the DMH/DD/SAS designee.**

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND  
SUBSTANCE ABUSE SERVICES**

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