## **Customized Employment (CE) Credentialing Approval Request**



**Instructions:** Applicant completes Section 1 and submits request form with required documentation via email to <a href="mailto:LEO-MIVR-CECredentialing@michigan.gov">LEO-MIVR-CECredentialing@michigan.gov</a>. A determination by Michigan VR staff will be made within 30 calendar days from receipt of application.

Section 1: To be completed by Applicant

Applicant Information										
Applicant Name:										
Business Name:										
Address:				City:					Zip:	
Phone:				Email:						
Training Model:	☐ Griffin-Hammis Associates (GHA)¹									
Type of Credential (select one):	☐ Full Approval <sup>2</sup> ☐ Annual Renewal <sup>2</sup>				wal <sup>2</sup>	☐ Extension Request <sup>2</sup>			on Request <sup>2</sup>	
			I							
Full Approval - Attach Certification/Documentation										
□ Association of Community Rehabilitation Educators (ACRE) training certification in Employment Services with an Emphasis on CE (2016 or later)							n:			
☐ Performance-based/mentoring standards documentation model provider (2019 or later)				on from training			Date (	Date of Completion:		
Annual Renewal - Attach Fidelity Reports Approved by Qualified VR Administrator										
□ Discovery		☐ Job Development		ent/Placement		□ Co	☐ Consultative Employment Training and Supports (CETS)			
Annual Renewal Extension Request										
☐ Fidelity report(s) have not been submitted to qualified VR administrator				☐ Fidelity report(s) have not been approved by qualified VR administrator						
Rationale (required):										

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## **Customized Employment (CE) Credentialing Approval Request**



Section 2: To be completed by Michigan VR staff (retain original and copy requestor) Date Received: Enter date

VR Staff Approval									
Applicant Name:									
Type of Credential (select one):	☐ Full Approval ☐ Ann			nua	al Renewal	☐ Extension Request			
Name/Job Title of VR Staff:									
Office Location:									
Information Submitted:	□ Complete				□ Not Complete				
	Item(s) Missin	g:							
Applicant is:	☐ Approved to deliver CE services for Michigan VR			r	□ Not approved to deliver CE services for Michigan VR				
	Rationale/Recommendation, if applicable:								
Approval Dates:	Start Date:			Ex	cpiration Date:				
Signature:									

<sup>1</sup>Training Model: Michigan VR recognizes that GHA has met the standards due to their experience in the development and delivery of CE and fidelity tools. ACRE Training and Performance-Based/Mentoring must have been obtained from GHA to receive credentialing approval. No other CE models for service delivery will be accepted without prior VR review and approval.

## <sup>2</sup>Type of Credential:

- Full Approval Initial authorization to deliver CE services
- Annual Renewal Annual reauthorization to deliver CE services
- Extension Request Authorization for additional time to apply for annual renewal

For additional assistance, applicant can email <u>LEO-MIVR-CECredentialing@michigan.gov</u>

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