



Complete header information and columns A - L per the accompanying instructions. Add/delete lines as needed.

Found at: http://ipro.ipro.org/FOR_PROVIDERS/Early Intervention

[illegible]



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State ID:
Date Completed:

A

B

C

D

E

F

G

H

I

J

K

L

M

#

Last Name

First Name

Name Variation

Date of hire
or
contracted
for EI

Employed,
Contracted,
or Volunteer
status

Date
employed/
contracted
status
change
within
previous
year

EIP
Service(s)
Delivered by
Personnel

Type of
Certification
or License

LICENSED
License
Number
AND
Registration
Expiration
Date

CERTIFIED
Teachers
AND
Effective
Date

CERTIFIED
Orientation &
Mobility; Vision
Rehab; Low Vision
Spec; Reg Dietician
Expiration Date
AND State

CONTRACTED
Personnel, list
their DOH
Approval ID

SC/
QP:
QUAL
(Y/N)

SC/
QP:
APPR
(Y/N)

SCR
(Y/N)

SEL
(Y/N)

TR
(Y/N)

Health
Asses
(Y/N)

Comments

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PERSONNEL LIST

Information Form

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