Medicaid Provider Enrollment Attestation
Licensed Associate Professional Counselor

_____ _____

Practitioner Name (printed) NPI

As an LAPC enrolling to provide services under the North Dakota Rehabilitative Services State Plan, I attest that I provide only the following service/s:

CHECK ALL THAT APPLY

- ☐ Screening, Triage, and Referral Leading to Assessment
- ☐ Behavioral Health Counseling and Therapy (QRTP Only)
- ☐ Individual or Group Counseling
- ☐ Intensive In-Home for Children
- ☐ Forensic Interview
- ☐ Skills Integration

I attest that I will provide only the above service/s in accordance with the North Dakota Rehabilitative Services State Plan.

_____ _____

Signature of Enrolling Practitioner Date

Provider Facility/Organization to complete:

I attest that the practitioner mentioned above will only provide the service(s) marked above in accordance with the North Dakota Rehabilitative State Plan.

_____Provider Facility/Organization Name
_____Street Address
_____City, State, Zip Code

_____ _____

Signature of Authorized Representative Date

_____

Printed Name of Authorized Representative

Please sign and return by Email to dhsenrollment@nd.gov or by fax to 701-328-4030, Attention: Provider Enrollment

Revision Date 10/1/2020 JW