DBHDS
Virginia Department of Behavioral Health and Developmental Services

INITIAL APPLICANT ORIENTATION CHECKLIST

Provider/Organization Name (if applicable):

Provider/Organization Number (if applicable):

Main Authorized Contact/Owner:

Email Address:

Date Submitted:

***Upon completion of Module 16, submit completed checklist to** larisa.terwilliger@dbhds.virginia.gov

Module	Self-Assessment Quiz Score
Module 1: Overview of Initial Applicant Training Process	
Module 2: Introduction to the Office of Licensing	
Module 3: Preparing to Apply	
Module 4: Provider Responsibilities	
Module 5: The Initial Application	
Module 6: CONNECT	
Module 7: Inspections	
Module 8: Understanding Corrective Action Plans and Actions Leading to Non-Renewal of a License	
Module 9: Submitting Corrective Action Plans in CONNECT	
Module 10: Adding or Modifying Services	
Module 11: Background Checks and Central Registry	
Module 12: Incident Reporting	
Module 13: Crisis	
Module 14: Office of Human Rights	
Module 15: Home and Community-Based Services	
Module 16: Final Preparations	