

Ohio Department of Job and Family Services  
**INSTRUCTIONS FOR COMPLETING THE JFS 01052,  
CREDENTIALS FOR PROVIDERS OF PASSS FUNDED THERAPEUTIC SERVICES  
AND MEMORANDUM OF UNDERSTANDING**

**Child's names:** Enter the first and last name of the child.

**Date of Birth:** Enter the child's date of birth.

**Specify the therapy service:** Provide a clear written statement of the type of therapeutic service that will be provided to the child. Per Ohio Administrative (OAC) 5101:2-44-13.1 (D)(1)

**Professional Experience:** describe the professional experience with the therapy provided to the child  
**(Include whether the professional will directly provide or supervise requested service).**

**Education and Training:** list the education and training of the professional relative to the therapy being provided to the child.

**Professional Credentials:** Example PhD, LPC LSW, or LISW

**Name of Provider:** Enter the first and last name of the provider who will directly provide the therapeutic service.

**Name of Practice:** Enter the name of the practice.

**Street Address of Practice:** Enter the location of the practice.

**City, State and Zip Code:** Enter the city, state and zip code where the practice is located.

**Telephone Number:** Enter the area code and telephone number of the practice.

**Ohio License #:** Enter the license number of the profession

**Licensing Board:** Enter the name of the Licensing Board in which the provider is authorized to practice.