

**The Excellence Network
Independent Provider Profile and Situation 1.0**

OP a.1	What services are you certified to provide?	
OP a.1	What services have you provided in Licking County in the last year?	
OP a.1	In what settings do you currently provide services in Licking (number, type)	
OP a.3	How many hours per week do you typically work?	
OP a.3	How many additional hours do you have available to support new customers?	
OP a.3	How much experience do you have in the developmental disabilities field?	
OS a.1	How many individuals do you currently support in Licking County?	
OS a.3	What are your key sources of data regarding your performance?	
OS c	What are the key elements of your performance improvement system? Consider: <ul style="list-style-type: none"> • Training participation • Customer feedback • Innovation processes 	