



Home and Community-based Waiver Services

Adults with Physical and Developmental Disabilities • Alaskans Living Independently
Children with Complex Medical Conditions • Individuals with Intellectual and Developmental Disabilities

Provider Certification Renewal Application
Service Declaration: Supported Employment Services

Name of provider agency _____ Provider Number _____

Program administrator for Supported Employment Services

Name _____

Telephone number _____ FAX number _____

Cell number _____ Email _____

Services The supported employment services described in 7 AAC 130.270 will be offered to recipients.

Required attachments Review the SDS certification website for instruction and content requirements.
The following policies and procedures have been up-dated, changed or revised since the date of the agency's last certification; copies are enclosed for recertification.

- CERT-45 Settings Declaration
Admissions, Background check, Complaint management, Confidentiality, Conflicts of interest, Critical incident reporting, Emergency response, Financial accountability, Evaluation of employees, Medication administrations, Quality improvement, Restrictive intervention, Termination of provider services, Training

Census area to be served: Check box for each location at which services will be offered.

- Aleutians East, Aleutians West, Anchorage, Bethel, Bristol Bay, Denali, Dillingham, Fairbanks North Star, Haines, Hoonah/Angoon, Juneau, Kenai, Ketchikan Gateway, Kodiak Island, Kusilivak, Lake and Peninsula, Mat-Su, Nome, North Slope, Northwest Arctic, Petersburg, Prince of Wales/Outer Ketchikan, Sitka, Skagway, Southeast Fairbanks, Valdez/Cordova, Wrangell, Yakutat, Yukon-Koyukuk

Provider Assurances

I affirm that the provider will comply with the supported employment services regulations, 7 AAC 130.270; the Supported Employment Services Conditions of Participation; and all applicable federal, state, and local laws and regulations. I certify that the information offered in the attachments required for certification is true and complete.

Owner/Administrator/Director signature

Print name

Title

Date