

DSDS PROVIDER INITIAL CERTIFICATION APPLICATION PACKET CHECKLIST
December 2012

The following is a checklist of items in addition, or further explanation to, those requirements in the application. You must still submit all the required information as listed in the application packet/s.

CRITICAL INCIDENT REPORTING TRAINING: Proof of attendance must be submitted by all certification applicants with the completed packet. Register with DSDS Training at:
<http://dhss.alaska.gov/dsds/Pages/ops/senior-disabilities-servicetraining.aspx>

HOME AND COMMUNITY BASED WAIVER SERVICES ONLY: Submit the following elements from the HCB Waiver Certification Application Packet found at
[http://dhss.alaska.gov/dsds/Documents/pca/CertAppPkt2ndEd42106\(2\)RegThirdEdition12-10.pdf](http://dhss.alaska.gov/dsds/Documents/pca/CertAppPkt2ndEd42106(2)RegThirdEdition12-10.pdf)

- Cover Sheet, page 1
- Section 2-complete pages 6-10; see special directions for environmental or transportation providers
 - Table of Services, page 7
 - Attach all items listed under **Initial Application**, page 8
 - Original signature of the authorized agent (owner/administrator) required
 - Original packet must be mailed or dropped off to SDS offices, address listed on application.
- Additional Sections (3-13):** Complete **ONLY** the sections for the services you plan to provide to Waiver recipients. Read each section carefully to determine what needs to be submitted for certification. **Be sure each section is completed and submitted with an original signature. Do not include sections for services you are not requesting to be certified to provide.**
- ENVIRONMENTAL OR TRANSPORTATION ONLY PROVIDERS:** Contractors who wish to provider **ONLY** these services need to submit **ONLY**: under Section 2 need only submit a Current Business License and all requirements with Section 12.

PERSONAL CARE ASSISTANCE SERVICES ONLY: You must use the application packet found online at http://dhss.alaska.gov/dsds/Documents/pca/PCA_Certification_PacketSecondEdition12-10.pdf . Follow the directions contained in the packet:

- Original signature of the authorized agent (owner/administrator) required
- Original packet must be mailed or dropped off to SDS offices, address listed on application.

DO NOT submit the completed application using notebooks, binders, or sheet protectors and be sure attachments are placed in the order requested under each section of the application.

DO use the “Provider Certification Resources” list found on the SDS website at http://dhss.alaska.gov/dsds/Documents/pca/Provider_Certification_Resources.pdf to find resources to assist in completion of requirements.

READ THROUGH YOUR FINAL PACKET BEFORE SUBMITTING AND KEEP A COPY OF YOUR APPLICATION. You will be contacted by email once your application is received.