

# STATE OF ALASKA

**DEPT. OF HEALTH AND SOCIAL SERVICES**  
**DIVISION OF SENIOR AND DISABILITIES SERVICES**

**BILL WALKER, GOVERNOR**

550 W 8<sup>th</sup> Ave.  
Anchorage, Alaska 99501  
Phone: 907-269-3666  
Fax: 907-269-3973

## PCA Training Instructor Approval Request Form

(Use this form to request approval for the instructor)

1. Individual/Organization wanting to provide PCA training:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

2. Location of proposed training: \_\_\_\_\_

3. Describe why PCA training is needed in the area: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Number of students you propose to train: \_\_\_\_\_

5. Name of person(s) who will conduct the training (please list all instructors, the subject are they will teach, and their qualifications to teach the subject are, attach resumes and current occupational licenses or certifications):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Are you a new individual/organization wanting to provide PCA training and require the approved 40-hour PCA curriculum packet?  yes  no

If you are not a new training site, has your site received the approved 40-hour PCA curriculum packet?  yes  no (if no, DSDS will research and provide a copy if individual/organization DSDS file supports non-receipt)

7. Do you plan to augment the basic training requirements with topics/issues important to your

area or region?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe what you plan to add to the standardized training:

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Thank you for taking an interest in training personal care assistants. We look forward to assisting you in providing PCA Training in your community. If you have any questions regarding PCA training or the PCA Program in general, please feel free to contact us. Please submit this form and any supplemental documents by mail or fax to the following:

**Kara Thrasher-Livingston**

Division of Senior and Disabilities Services

550 W 8<sup>th</sup> Ave

Anchorage, Ak 99501

Phone: 1-800-478-9996 or 907-269-3666 Fax: 907-269-8164

Email: [hss.dsdstraining@alaska.gov](mailto:hss.dsdstraining@alaska.gov)

[Click here to email form:](#)