



To: Prospective Direct Service Provider:

Thank you for your interest in Access Alaska, Inc. Attached is the application to become a Direct Service Provider. If you do not have current CPR/First Aid certification, please contact any provider that offers the approved attached CPR/FA courses. **Your application cannot be accepted without current CPR/FA certification.** Once you have your CPR/FA card and completed application turned in, it will be reviewed and you may be scheduled for an appointment, at which time you will have a state/federal background check and fingerprints done, as well as be enrolled as a Medicaid Provider. You will need to bring your SSN card and a State ID/DL. Once you have been cleared through the Background Check Unit and we have received your Medicaid Provider Number, there will be an orientation as well as additional paperwork you will need to complete before you are officially hired.

If a consumer has specifically requested you to apply to become their DSP, please make it clear on the application by listing the name of the consumer.

If you are submitting documents to the application pool, please be aware that submission of the required documents does not guarantee you a position with Access Alaska.

If you have any questions or concerns, please call your local office

Sincerely,

CDPCS Program Staff
Access Alaska

Anchorage
1217 E 10th Ave
Anchorage, Alaska 99501
907-248-4777
fax 907-248-0639
toll free 800-770-4488

Fairbanks
526 Gaffney Road, Suite 100
Fairbanks, Alaska 99701
907-479-7940
fax 907-474-4052
toll free 800-770-7940

Mat Su
1075 Check Street, Suite 109
Wasilla, Alaska 99654
907-357-2588
fax 907-357-5585
toll free 800-770-0228

Kenai
33880 Community
College Dr. Suite 1
Soldotna, AK 99669
907-262-4955
fax: 907-262-4936

Southwest
PO Box 114
Dillingham, AK 99576
907-545-0365
fax: 800-718-8699



DSP Application

Opening Doors to Independence

Access Alaska, Inc. is an equal opportunity employer. Access Alaska, Inc. makes every effort to ensure that in every phase of its recruitment and selection processes equal employment opportunity is provided to all individuals regardless of race, color, genetics, sex, gender identity, sexual orientation, age, religion, marital status, change in marital status, pregnancy, parenthood, disability, national origin or citizenship, or veteran's status. Access Alaska, Inc. is an at-will employer.

Applicant Information

Full Name: Last First M.I. Date:

Address: Street Address Apartment/Unit #

City State ZIP Code

Phone: Email

Date Available: Social Security No.: Desired Salary:\$

Position Applied for:

Are you over the age of 18? YES NO

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when?

Have you ever been convicted of a felony? YES NO

If yes, explain:

Availability

(Check all that apply) Morning Afternoon Evenings Nights

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Experience

Please select all areas in which you have had prior working experience:

Alzheimer TABI <input type="checkbox"/>	Seizure <input type="checkbox"/>	Dusting <input type="checkbox"/>
Behavioral Health <input type="checkbox"/>	Dementia <input type="checkbox"/>	Grocery Shopping <input type="checkbox"/>
Elderly <input type="checkbox"/>	Companionship <input type="checkbox"/>	Grooming <input type="checkbox"/>
Visually Impaired <input type="checkbox"/>	Vacuuming <input type="checkbox"/>	Incontinence <input type="checkbox"/>
Hearing Impaired <input type="checkbox"/>	Bathing <input type="checkbox"/>	Transfer Assist <input type="checkbox"/>
Diabetes <input type="checkbox"/>	Dressing <input type="checkbox"/>	Hoyer <input type="checkbox"/>

The role of a Direct Service Provider (DSP) may involve the positioning of non-ambulatory recipients in bed or chair, lifting, transferring consumers as you help them perform various daily living activities. You may have to carry or move groceries, medical, or disability equipment, laundry and do light housekeeping:

1. If necessary are you willing and able to routinely perform these tasks? YES NO
2. Within the last two (2) years have you received formal training in proper lifting techniques? YES NO
3. In the last five (5) years have you ever fractured or broken a bone, or strained, spraining, pulled or otherwise injured any muscle, tendon ligament or similar soft tissue while lifting moving or carrying anything? YES NO
 - a. If yes, was it while performing your regular job duties? YES NO
4. Are you able to lift more than 25 lbs? YES NO
5. Are you able to lift 50 lbs or more? YES NO

Please list any additional skills, trainings or certifications you may have: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Applicant's Certification and Agreement

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Access Alaska, Inc. to verify their accuracy and to obtain reference information on my work performance. I hereby release Access Alaska, Inc. from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature: _____ Date: _____

Authorization for Release of Information

Due to the nature of its business Access Alaska, Inc. requires a background check on each of its employees.

First Name: _____ Middle Initial: _____ Last Name: _____

Social Security#: _____ - _____ - _____ Sex: Male Female

Place of birth: _____ Date of Birth: _____

Current address: _____

City, State, Zip: _____

I _____, (print name) hereby authorize access to CRIMINAL, CREDIT, CIVIL, AND TRAFFIC records (warranted by position). I authorize a full review and complete disclosure of all records of all agencies by/to any duly authorized agent of Access Alaska, Inc. whether the said reports are public or private and including those, which may be deemed to be of privileged or confidential in nature. I understand this information is as listed in the records, and by accessing information Access Alaska, Inc. is not liable for its content or accuracy. I agree to indemnify and hold harmless the person to whom this request is presented, their agents and employees, from and against any and all claims as a result of the release of information.

I HAVE READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. A copy of this release form will be considered valid as an original hereof and will remain in my personnel file.

Employee Name (print name)

Employee Name (signature)

Date Signed

Witness (print name)

Date Signed



**Accepted Cardiopulmonary Resuscitation & First Aid Training Courses for the
Personal Care Services & Home Community Based Waiver Programs**

As of December 5, 2017

Listed below are examples of courses taught by an agency that is licensed/certified with the American Red Cross, American Heart Association or the American Safety and Health Institute, so are acceptable provided that verification of the licensing/certifying agency is listed on the training card. Besides those listed below, there are other organizations with courses that may meet the regulatory requirements of 7AAC 125.090 (d) (1)-(2) and HCB Waiver Provider Conditions of Participation.

An on-line class may be combined with a Skills Check class. No exclusively online courses will be accepted; they must have a hands-on component. A CPR course must be taught by individuals who hold a valid CPR instructor credential in accordance with 7 AAC 26.985. All students must have successfully demonstrated skills observed by a qualified instructor. Senior and Disabilities Services must preapprove any training provided by an agency NOT listed below to ensure the training meets SDS requirements. For questions about this list, contact SDS at HSS.DSDS.Policy@alaska.gov.

Accepted Courses	Primary Location	CPR	FA
Alaska Crossings Wilderness Course (through SE Region EMS)	Wrangell	x	x
American Heart Association (http://heart.org) First Aid, CPR	Anchorage	x	x
American Red Cross centers (http://www.redcross.org/ux/take-a-class) First Aid, CPR	Anc, Fbx, Jun, Wasilla	x	x
Emergency Care & Safety Institute (AAOS Endorsed)(http://ecsinstitute.org) CPR, First Aid	Statewide	x	x
EMS Safety (https://access.emssafety.com/about-ems-classes) CPR/AED, First Aid	Statewide by request	x	x
Environmental Management, Inc. (https://emi-alaska.com/trainingservices) CPR, First Aid (American Heart Association classes)	Anchorage	x	x
Health Safety Institute (HIS) (http://www.hsi.com/about-hsi/our-brands/medic-first-aid) All courses by the Health Safety Institute are accepted.	Statewide	X	x
Interior Region EMS Council (http://iremsc.org/AHA/cpr_initial_and_renewal) CPR, First Aid (American Heart Association; CPR skills check)	Fairbanks	x	x
Hero for Life (http://www.heroforlife.com/classes) CPR/AED, First Aid (American Heart Association classes)	Anchorage area	x	x
National Safety Council (http://nsc.org/learn/Safety-Training/Pages/first-aid-training) Standard First Aid, CPR and AED	Statewide	x	x
Respond Systems (http://cprcertificationonlinehq.com/cpr-classes-and-training-alaska) CPR classes in various locations	Statewide	x	
Sitka Fire Department CPR, First Aid (American Heart Association through SE EMS)	Sitka	x	x
Southern Region EMS Council (https://sremsc.enrollware.com/schedule) First Aid, CPR (American Heart Association)	Anchorage	x	x
TeamOne Heartsaver First Aid/CPR Combination (AHA)	Anchorage	x	x