Dear 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 a 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 proof of your SSN and two forms of government issued identification. The background check can take up to a month to come back, so this is not a quick process. Once you have been cleared, 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 at the number below.

Sincerely,

Access Alaska, Inc.
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: ____________________________________________________________________________ Date: __________________________

Last     First     M.I.

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

<table>
<thead>
<tr>
<th>High School:</th>
<th>Address:</th>
</tr>
</thead>
</table>

From: ________ To:_______ Did you graduate? YES ☐ NO ☐ Diploma:____________

<table>
<thead>
<tr>
<th>College:</th>
<th>Address:</th>
</tr>
</thead>
</table>

From: ________ To:_______ Did you graduate? YES ☐ NO ☐ Degree:____________

<table>
<thead>
<tr>
<th>Other:</th>
<th>Address:</th>
</tr>
</thead>
</table>

From: ________ To:_______ Did you graduate? YES ☐ NO ☐ Degree:____________

## Experience

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

- Alzheimer TABI ☐
- Behavioral Health ☐
- Elderly ☐
- Visually Impaired ☐
- Hearing Impaired ☐
- Diabetes ☐
- Seizure ☐
- Dementia ☐
- Companionship ☐
- Vacuuming ☐
- Bathing ☐
- Dressing ☐
- Dusting ☐
- Grocery Shopping ☐
- Grooming ☐
- Incontinence ☐
- Transfer Assist ☐
- Hoyer ☐

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, sprained, 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 offerd 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

6
Accepted Cardiopulmonary Resuscitation & First Aid Training Courses for the Personal Care Services & Home Community Based Waiver Programs
As of March 15, 2014

The courses below, taught by an agency that is licensed/certified with the American Red Cross, American Heart Association or the American Safety and Health Institute, are acceptable provided that verification of the licensing/certification agency is listed on the training card.

<table>
<thead>
<tr>
<th>Accepted Courses</th>
<th>Primary Location</th>
<th>CPR</th>
<th>FA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>American Red Cross</strong></td>
<td>Statewide</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Adult CPR/AED with First Aid</td>
<td></td>
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</tr>
<tr>
<td>Adult CPR/AED with First Aid PLUS Child and Infant CPR</td>
<td></td>
<td>x</td>
<td></td>
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<tr>
<td>First Aid Basics</td>
<td></td>
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<td>x</td>
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<tr>
<td>CPR/AED for the Professional Rescuer</td>
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<tr>
<td><strong>American Heart Association</strong></td>
<td>Statewide</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>-- All courses provided by the American Red Cross &amp; American Heart Association are accepted.</td>
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<tr>
<td>BLS for Healthcare Providers</td>
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<tr>
<td>Heartsaver CPR</td>
<td></td>
<td></td>
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<tr>
<td>Heartsaver AED</td>
<td></td>
<td>x</td>
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<tr>
<td>Heartsaver First Aid (including CPR)</td>
<td></td>
<td>x</td>
<td>x</td>
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<tr>
<td>ACLS for Healthcare Providers</td>
<td></td>
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<tr>
<td><strong>American Safety and Health Institute</strong></td>
<td>Statewide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CPR and AED for Community and Workplace</td>
<td></td>
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<td></td>
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<tr>
<td>Basic First Aid</td>
<td></td>
<td></td>
<td>x</td>
</tr>
</tbody>
</table>

**Note:** The following list of training agencies is not all-inclusive. Other organizations and courses may meet the regulatory requirements of 7AAC 125.090 (d) (1)-(2) and HCB Waiver Provider Conditions of Participation. SDS must preapprove any training provided by an agency NOT listed below to ensure the training meets SDS requirements. All student’s must have successfully demonstrated skills observed by a qualified instructor. No exclusively online courses will be accepted, they must have a hands-on component.

<table>
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<tr>
<th>Accepted Courses</th>
<th>Primary Location</th>
<th>CPR</th>
<th>FA</th>
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<tbody>
<tr>
<td><strong>Alaska Crossings Wilderness Course</strong></td>
<td>Wrangell</td>
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<tr>
<td>First Aid</td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td><strong>Emergency Care &amp; Safety Institute</strong></td>
<td>Statewide</td>
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<tr>
<td>Wilderness First Aid</td>
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<tr>
<td><strong>Emergency First Response</strong></td>
<td>Anchorage</td>
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<td></td>
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<tr>
<td>CPR/AED/FA – Adult</td>
<td></td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td><strong>Emergency University</strong></td>
<td>Statewide</td>
<td></td>
<td></td>
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<tr>
<td>Adult CPR</td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Adult &amp; Child/Infant CPR</td>
<td></td>
<td>x</td>
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</tr>
<tr>
<td>Pro CPR</td>
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<tr>
<td>CPR &amp; AED</td>
<td></td>
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</tr>
<tr>
<td>First Aid</td>
<td></td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Accepted Courses</td>
<td>Primary Location</td>
<td>CPR</td>
<td>FA</td>
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<td>------------------------------------------------------</td>
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<tr>
<td>Environmental Management, Inc.</td>
<td>Anchorage</td>
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</tr>
<tr>
<td>Adult &amp; Child/Infant CPR/FA/AED</td>
<td>Anchorage</td>
<td>x</td>
<td>x</td>
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<tr>
<td>Medic First Aid</td>
<td>Anchorage</td>
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<td></td>
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<tr>
<td>BasicPlus CPR, AED and First Aid for Adults</td>
<td>Anchorage</td>
<td>x</td>
<td>x</td>
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<tr>
<td>Basic CPR and First Aid for Adults</td>
<td>Anchorage</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Pediatric Plus CPR, AED &amp; First Aid for Children, Infants &amp; Adults</td>
<td>Anchorage</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Pediatric CPR and First Aid for Children, Infants &amp; Adults</td>
<td>Anchorage</td>
<td>x</td>
<td>x</td>
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<tr>
<td>Basic Life Support for Professionals</td>
<td>Anchorage</td>
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<td></td>
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<tr>
<td>CarePlus CPR and AED for Adults, Children and Infants</td>
<td>Anchorage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Safety Council</td>
<td>Statewide</td>
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<tr>
<td>Standard First Aid, CPR and AED</td>
<td>Statewide</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Emergency First Aid</td>
<td>Statewide</td>
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</tr>
<tr>
<td>Standard First Aid</td>
<td>Statewide</td>
<td>x</td>
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<tr>
<td>ProFirst Aid Advanced</td>
<td>Statewide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthcare Provider CPR/AED &amp; FirstAid</td>
<td>Statewide</td>
<td>x</td>
<td>x</td>
</tr>
</tbody>
</table>