

State of Alaska • Department of Health and Social Service • Senior and Disabilities Services

Request for Waiver of First Aid and CPR Training First Time Personal Care Assistants

Please complete all fields below. Submissions with missing or inadequate information will be returned. Completed forms may be e-mailed to DSDSCertification@alaska.gov (preferred) or faxed to (907) 754-3475

Name of Agency				Provider #		
Program Administrator				_ Phone		
E-mail						
Section I: Employee for whom the waiver is being requested (full legal name)						
Section 1. Employee for whom the warver is be				Expiration Dates		Employee Service Delivery Location(s)
Last Name	First Name	Middle Initial	Hire Date	CPR	First Aid	
Is the above employee starting work as a personal care assistant for the first time? Yes No						
If answering "No" the employee does not qualify for a waiver under 7AAC 125.090(f); refer to Cert-49B form. We						
request a waiver for the above employee from required proof of CPR and/or First Aid training for the following						
reasonable cause						
Section II: Plan for Compliance with CPR/First Aid Training Requirements						
Date training expected to be completed Completion date is required; TBD will result in waiver Name of accepted course: Training location:						
For a list of approved courses, see http://dhss.alaska.gov/dsds/Documents/SDSforms/AcceptedCourseCPR-FirstAid.pdf.						
Section III: Personal Care Services Employee Assurance						
I assure and understand an approved waiver is only valid until the expiration date specified by SDS below. I also understand this waiver is available to me one time only. It is my responsibility to work with my agency for ongoing compliance with CPR/First Aid training requirements including proper documentation of compliance in my agency personnel file.						
Signature Personal Care Services Employee Da				te		
Section IV: Personal Care Services Certified Agency Assurance						
I assure my agency will not submit a claim for reimbursement from Medicaid for personal care services rendered by the employee named on this waiver during a time period the employee is not compliant with CPR/First Aid training requirements or under an approved waiver per 7 AAC 125.090(f). Any false statement, misrepresentation, omission, or concealment in this document may subject my agency and/or me to criminal, civil, or administrative penalties. Under penalty of perjury, I certify that the information I have provided is true, accurate, and complete to the best of my knowledge.						
Signature Program Administrator PCS Agency Date						
This Section for SDS Use Only						
SDS Decision Date	Waive	r is Appr		Deni Expiration Da		
Signature SDS Certification and Compliance Date						
Comments						

Cert -49A Revised 12/23/2019 ADA 2/14/2020