

STATE OF ALASKA

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

SEAN PARNELL, GOVERNOR

550 W 8th Ave.
Anchorage, Alaska 99501
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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:

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 8th Ave

Anchorage, Ak 99501

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

Email: hss.dsdstraining@alaska.gov