

Employment Staff Training Attestation

Organization Name _____
Date

Address _____
Email

All applicable 6-digit AHCCCS Provider ID numbers (if more than one, separate with commas)

Please identify your HBCS Setting Type(s):

- Habilitation provider (*Provider Type 39*)
 Behavioral Health Outpatient Clinic (*Provider Type 77*)
 Community Service Agency (*Provider Type A3*)
 Integrated Clinic (*Provider Type IC*)

As the Chief Executive of a provider agency that employs dedicated employment provider staff that provide employment services and supports to AHCCCS members, I attest to the following:

1. I understand that “*dedicated employment provider staff*” are staff providing direct services whose duties include the provision of employment and rehabilitation services. Examples may include, but are not limited to: Employment Specialists, Rehabilitation Specialists, Vocational Coordinators, Job Developers, Job Coaches, Case Managers, and Support Coordinators.

_____ **Initial**

2. I understand the in-person or online training must be ACRE-approved (Association of Community Rehabilitation Educators); provided by a single, third-party entity; and must be, at a minimum, 40 hours in duration.

_____ **Initial**

3. I understand that I will need to submit a complete roster of staff who have completed the necessary training. I also understand the roster will not only need to contain staff names and dates of completion, but copies of the “Certificate of Achievement” will need to be included.

_____ **Initial**

4. I understand the in-person or online training must cover a variety of competency topics and I have the flexibility to choose which ACRE-approved training to utilize based on the populations we serve. Topics may include, but not limited to, the following:

Employment Services for People with Disabilities	Person-Centered Planning for Employment
Supported Employment, including Job Development & Long-Term Supports	Social Security Programs and Work Incentives
Career Development/Career Exploration	Discovery & Customized Employment

_____ **Initial**

5. I hereby attest that the information submitted herein is current, complete, and accurate, to the best of my knowledge, and it includes AHCCCS ID(s) and Setting Type(s). I understand failure to complete this document in its entirety and accurately will result in AHCCCS' non acceptance of this document.

_____ **Initial**

Person completing this form:

Name (print) _____
Title

Signature