

Darby, Sue A (HSS)

Subject: Provider Application Incomplete

Your *recertification* application has been screened and found to be incomplete. The following information needs to be provided:

Section 1

Provide a Completed Cover Sheet (pg 1)

Provide a copy of the Table of Services

Section 2 - Agency

Provide a completed Demographics Sheet Page 6 for Section 2

Signature Page 10 for Section 2. Please Note that ALL Signature Pages **MUST BE ORIGINAL SIGNATURES ONLY! No E-mail, fax or photo copies PLEASE!**

Provide a completed Table of Available Services indicating which services you want to be recertified. Page 7

Provide a current copy of a State of Alaska Business License.(A photo copy of the one that hangs on the wall.)

Provide proof of current insurance on a Certificate of Insurance The Certificate of Insurance needs to have the following on it:

Division of Senior & Disabilities Services, Provider Certification

550 W 8th Ave

Anchorage, AK 99501

Questions about the requirements for obtaining Worker's Compensation Insurance should be directed to:

Mark Lutz

Division of Insurance

269-2010 or mark.lutz@alaska.gov

See attached example.

Provide Articles, Partnership Information, Bylaws and/or conflicts procedure

Provide Organization chart with names and titles for each position and lines of authority