

ADEEG BIXIYEYAASHA SHAQSIGA AH

Tababarka iyo Sixitaanka Aqoonsiga

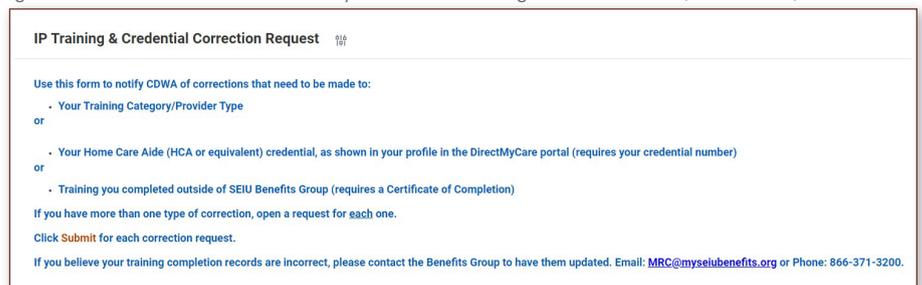
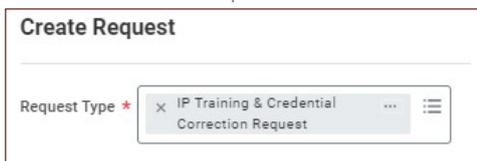
Waxaad codsan kartaa dib u eegis in lagu sameeyo mid ama in ka badan oo kuwan soo socda ah (codsi gaar ah ayaa loogu baahan yahay mid kasta):

- Dhameystirida Waxbarashada Dadka Waaweyn (Continuing Education)
- Qaybtaada Tababarka/Noocaada Bixiyaha
- Aqoonsiga Kaaliyahaada Daryeelka ee Guriga (HCA) (ama qofka u dhigma) sida ku cad boggaada aqoonsiga ee ku jira bogga internetka ee DirectMyCare
- Tababarka aad ku dhameysatay meel ka baxsan SEIU 775 Benefits Group.

Haddii ay kuu sugan tahay wax ka badan hal nooc oo sixitaan ah, mid kasta u fur codsi. Xusuusnow inaad gujiso Submit (Gudbi) codsi kasta.

Si aad u Codsato Saxitaanka Tababarka

1. Gal [bogga internetka DirectMyCare](#) ee CDWA.
2. Markaad joogto shaashada My Dashboard (Dhaashboodh-kayga), guji badhanka **Workday (Shaqada Maalinta)** si aad u tagto boggaaga koowaad ee Workday.
*Haddii aad tagtid bogga gelitaanka, geli isla magaca adeegsadhaha iyo lambar sireedka ee loo isticmaalay in lagu galo [bogga internetka DirectMyCare](#).
3. Ka raadi barta raadinta qaybta ugu sarreeysa ee shaashadda oo ku qor samee codsi.
4. Dooro **Create Request Task (Hawsha Samee Cods)**.
5. Wax soo bixida Create Request (Samee Cods), isticmaal tasmada liiska hoos u dhaca si aad u doorato **All (Dhamaan)**. Kadib dooro **IP Training and Credential Request (Tababarka IP iyo Codsiga Aqoonsiga)**.
**Shaashada waxaa ku yaala tilmaamo waxtar leh. Dib-u-eeg kuwaas ka hor intaadan dhammaystirin dhammaan goobaha hawsha (Jaantus 01).



6. Guji **OK**
7. Buuxi goob kasta oo loo baahan yahay.
8. Geli lambarkaada aqoonsiga.

Enter your 9-digit ProviderOne ID or 7-digit CDWA Person ID (Required)

9. Gali taariikhda maanta.

10. Dooro nooca Sixitaanka ee aad codsanayso.



Jaantus 01

Dhameystirida Waxbarashada Dadka Waaweyn (Continuing Education)

Soo geli dukumeenti ka socda SEIU 775 Benefits Group ama barnaamij tababar kale oo la ansixiyay. Haddii aad ku dhammaysatay Waxbarashada Dadka Waaweyn (Continuing Education) adoo u maraaya barnaamij tababar kale oo la ansixiyay, waa inaad ku dartaa Shahaadadaada Dhamaystirka.

Ku qor sharraxaadda macluumaadka diiwaanka Waxbarashada Dadka Waaweyn (Continuing Education) ee aad jeclaan lahayd in dib loo eego.

Continuing Education Completion (Attachment optional)

Drop files here

Select files

Supporting Information - Tell us more about the correction you are requesting

If you selected more than one Training Category/Provider Type, list each of your Clients' names and their ProviderOne ID numbers here. (Required)

Qaybta Tababarka/Nooca Bixiyaha

Dooro midka ugu habboon nooca bixiyahaaga. Haddii aad leedahay wax ka badan hal Macmiil, waxaad dooran kartaa wax ka badan hal, iyadoo ku xidhan doorkaada. (Jaantuska 02)

Gudaha sanduuqa Macluumaadka Taageerada, ku qor mid kasta oo ka mid ah magacyada Macmiilkaaga iyo **lambarkooda aqoonsiga ee ProviderOne**.

Standard HCA

Adult Child Provider

Limited Service Provider

DDA Parent Provider

Respite Provider

Spouse/Registered Domestic Partner

Family Provider

(Jaantuska 02)

Supporting Information - Tell us more about the correction you are requesting

If you selected more than one Training Category/Provider Type, list each of your Clients' names and their ProviderOne ID numbers here. (Required)

HCA ama Shahaadooyin Kale ee U-qalmida

Ku qor Nooca Aqoonsigaaga iyo Lambarkaaga. Aqoonsiga OSPI waxay u baahan tahay lifaaqa shahaadadaada. CDWA waxay xaqiijin doontaa shahaadadaada.

Ku qor sharaxaad gaaban oo ku saabsan codsigaaga.

HCA or Other Qualifying Credential

Enter your Credential TYPE and NUMBER.

If you selected OSPI (Office of Superintendent of Public Instruction), you must attach a copy of your certificate below.

Supporting Information - Tell us more about the correction you are requesting

If you selected more than one Training Category/Provider Type, list each of your Clients' names and their ProviderOne ID numbers here. (Required)

Wareejinta Tababarka

Soo geli Shahaadadaada Dhammaystirka.

Ku qor sharaxaad gaaban oo ku saabsan codsigaaga.

Upload your Certificate of Completion (Required)

Drop files here

Select files

Supporting Information - Tell us more about the correction you are requesting

If you selected more than one Training Category/Provider Type, list each of your Clients' names and their ProviderOne ID numbers here. (Required)

11. Buuxi caddaynta oo guji **Submit (Gudbi)**.

I certify the above information is true and accurate to the best of my knowledge. Additionally, I attest that the document attached supports my request for correction.

CDWA will respond within 7 business days with an approval, denial, or additional questions. (Required)

Yes

No (Click Cancel to exit this request without submitting)

Submit Save for Later Cancel

a. CDWA waxay kaga jawaabi doontaa todoba maalmood oo shaqo gudahood ogolaansho, diidmo, ama weydiinta su'aalo dheeraad ah.

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