

個人提供者

訓練與認證更正



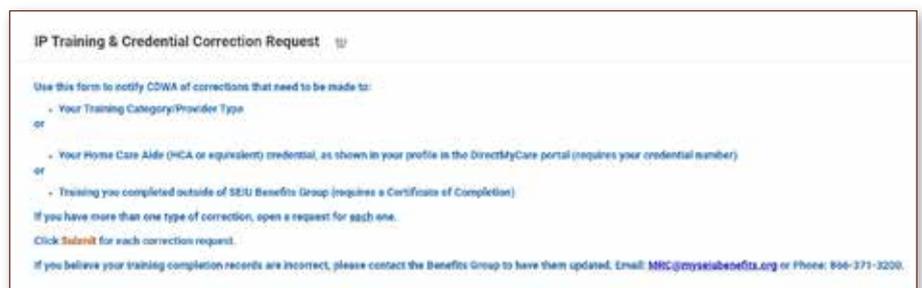
您可以要求審查下列一或多項 (需個別單獨提出要求) :

- 完成進修教育
- 您的訓練類別 / 提供者類型
- 您的居家服務助手 (HCA) 認證 (或同等認證) , 如您在 DirectMyCare 入口網站中的個人資料所示
- 您在 SEIU 775 福利群組外完成的訓練。

如有多種類型的更正, 請分別提出單獨要求。別忘了就個別要求按一下 **Submit (提交)**。

要求訓練更正

1. 登入 CDWA 的 [DirectMyCare 入口網站](#)。
2. 在 My Dashboard (我的儀表板) 畫面中, 按一下 **Workday** 按鈕移至您的 Workday 首頁。
* 如果您進入登入頁面, 請輸入用來登入 [DirectMyCare 入口網站](#) 的使用者名稱和密碼。
3. 找出位於畫面頂端的搜尋列, 並鍵入建立要求。
4. 選取 **Create Request Task (建立要求工作)**。
5. 在 Create Request (建立要求) 彈出視窗中, 使用下拉式功能表選取 **All (全部)**。然後選取 **IP Training and Credential Request. (IP Training and Credential Request. 訓練與認證要求)**。
** 畫面上有指示提供相關協助。完成工作的任何欄位之前, 請先檢閱這些指示 (圖 01)。



IP Training & Credential Correction Request

Use this form to notify CDWA of corrections that need to be made to:

- Your Training Category/Provider Type
- or
- Your Home Care Aide (HCA or equivalent) credential, as shown in your profile in the DirectMyCare portal (requires your credential number)
- or
- Training you completed outside of SEIU Benefits Group (requires a Certificate of Completion)

If you have more than one type of correction, open a request for each one.

Click **Submit** for each correction request.

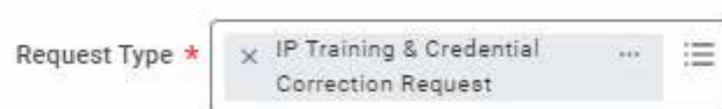
If you believe your training completion records are incorrect, please contact the Benefits Group to have them updated. Email: MHC@myseibenefits.org or Phone: 866-371-3200.

圖 01

6. 按一下 **OK (確定)**
7. 完成每個必要欄位。
8. 輸入你的 ID 號碼。
Enter your 9-digit ProviderOne ID or 7-digit CDWA Person ID (Required)

9. 輸入當天日期。

10. 選取您所要求的更正類型。



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完成進修教育

上傳 SEIU 775 福利群組或其他核可訓練計畫的文件。如果您已透過其他核可訓練計畫完成進修教育，請附上完成證明。

鍵入相關敘述，說明您要接受審查的進修教育記錄資訊。

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)

訓練類別 / 提供者類型

選取您的提供者類型最適合的選項。如果您有多個「客戶」，您可以根據自身角色複選。(圖 02)
在 Supporting Information (佐證資訊) 方塊中，鍵入您的每個客戶名稱及其 **ProviderOne ID** 號碼。

- Standard HCA
- Adult Child Provider
- Limited Service Provider
- DDA Parent Provider
- Respite Provider
- Spouse/Registered Domestic Partner
- Family Provider

(圖 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 或其他合格認證

鍵入您的認證類型和號碼。OSPI 認證需附上您的認證。CDWA 將驗證您的認證。

鍵入要求的簡短說明。

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 certification 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)

訓練轉移

上傳您的完成證明。

鍵入要求的簡短說明。

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. 完成證明，然後按一下 Submit (提交)。

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 將在七個工作天內回覆，予以核准、拒絕或提出其他問題。

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