



# Professional Development Certification Application

## Section A. Provider Information (Please Print):

Name:

Mailing Address:

City:

State:

Zip:

Phone Number:

Email:

List ALL Medicaid  
Provider Numbers:

1.

2.

3.

## Section B. Training & Assessments (Check all that apply):

### Core Courses: Required

### Safety Type Courses: Minimum five (5) hours

### Elective Courses: Minimum five (5) hours

Helping Caregivers Fight  
Fraud & Abuse

Medication Safety

Bathing & Grooming

Keeping It Professional

Protect Against Sprains &  
Strains

Everyone Communicate  
(PSW Only)

Working Together

Preventing Disease  
Transmission  
Taking Responsibility in  
Personal Safety

Heart Healthy

or

Completed COMPASS

Nutrition Basics

Sensory Processing Disorder-  
Adults

Sensory Processing Disorder-  
Children (PSW Only)

Working with Challenging  
Behaviors (HCW Only)

## Section C. CPR/First Aid Information

CPR/First Aid

Start Date

End Date

Copy Attached Yes  No

**PLEASE NOTE:** Enclose a copy of Adult CPR and First Aid cards showing current certification with your application. **Do not send the original CPR/First Aid card!**

## Section D. Equivalency

Oregon Certified Nursing Assistant

License Number

**PLEASE NOTE:** Enclose a copy of your current Oregon Certified Nursing Assistant Certificate. **Do not send the original!**

## **Professional Development Certification Requirements**

- Have an active Medicaid provider number
- Have a class attendance “No Show” rate of 20% or less
- Have an Adult CPR/First Aid certification and keep it through the PDC
- Complete the required courses
- Take each course assessment and pass with a score of 80% or higher
- Submit completed application (Initial approval only – Renewals DO NOT need to submit an application)

### **Course Equivalency**

Effective March 1, 2019, providers who have a current (not expired) Oregon Certified Nursing Assistant (CNA) certification may substitute their certification for the five (5) hours of safety type AND the five (5) hours of elective course requirements of the Professional Development Certification. This substitution is for the initial certification only and does not impact renewal, which is the same for all providers.

In order to have your CNA certification apply towards your Professional Development Certification, please include a copy of the current certificate or license number with your application so OHCC may verify the status.

### **Application Instructions**

1. Download a Professional Development Certification Application; available on the OHCC website
2. Fill the application out completely
3. The completed application and a copy of current, up-to-date Adult CPR/First Aid cards may be submitted by email, fax, or mail:  
ATTN: Training Unit  
Oregon Home Care Commission  
550 Capitol St NE  
Salem, OR 97301  
Email: [Certifications.OHCC@dhsosha.state.or.us](mailto:Certifications.OHCC@dhsosha.state.or.us)  
Fax: (503) 378-2647
4. Applications should be received by Oregon Home Care Commission by the first day of the upcoming month to be considered for an effective start date on the first pay period of the following month
  - a. Example: If a provider emails the PDC application to OHCC on January 12, the application will have missed the January 1 cut-off date and will not be approved on the first pay period in February. It will meet the February 1 cut-off date and the PDC will be approved on the first day of the first pay period in March.
5. Once approval is complete, OHCC email an approval letter, a PDC certificate with effective dates, and information on maintaining and renewing the PDC to the email listed on the application.

Further information can be found on the OHCC website at:

<http://www.oregon.gov/dhs/seniors-disabilities/HCC/Pages/index.aspx>