

HOSPITAL PRESUMPTIVE ELIGIBILITY TRAINING

Division of Welfare and Supportive Services (DWSS)

Complete this form listing the hospital employees that will be attending the mandatory training for Presumptive Eligibility (PE). You will be notified by the DWSS in regards to the training dates and times. Keep in mind that each employee making PE determinations **MUST** be trained by DWSS and complete a competency examination prior to making **ANY** determinations.

Provider Name

Provider NPI #

PE Representative

PE Representative Telephone
Number

To expedite this process, email this form, along with the signed PE Addendum, to: providerenrollment@dchcp.nv.gov or Fax to (775) 684-3153 ATTN: Provider Enrollment

The original signed PE Addendum must be mailed to: [Division of Health Care Financing and Policy, Attention: Provider Enrollment Unit, 1100 E. William Street, Ste 101, Carson City, NV 89701](#)

	FIRST NAME	LAST NAME	JOB TITLE	TELEPHONE NUMBER	EMAIL ADDRESS	WHAT TRAINING SESSION ARE YOU REQUESTING TO ATTEND?
1						
2						
3						
4						
5						
6						

I, _____, Hospital Administrator/CEO for _____ attest all employees listed on this sign-up sheet are actively employed and not contracted by this hospital, and ensure the employees that perform PE determinations have had a Nevada Criminal History Record check through the Nevada Department of Public Safety.

Signature _____, Hospital Administrator/CEO

Date: _____

Internal Use Only

Addendum Received from DFCFP:

Contacted PE Representative:

Training Schedule Date:

Addendum Agreement Date:

Training Letters Sent: