

PREGNANCY PRESUMPTIVE ELIGIBILITY TRAINING

Division of Welfare and Supportive Services (DWSS)

Complete this form listing the office employees that will be attending the mandatory training for Pregnancy Presumptive Eligibility (PE). You will be notified by 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@dhcp.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, _____, a Nevada Medicaid enrolled provider group Administrator/CEO (or appointing authority) for _____, attest all employees listed on this sign-up sheet are actively employed and not contracted by this office, and ensure the employees that perform PE determinations have had a Nevada Criminal History Record check through the Nevada Department of Public Safety.

Signature and Title: _____
Office Administrator/CEO (or appointing authority)

Date: _____

Internal Use Only

Addendum Received from DHCFP:

Contacted PE Representative:

Training Schedule Date:

Addendum Agreement Date:

Training Letters Sent: