

*Participant Directed Services (PDS) Employment  
CPR / First Aid Acknowledgement Form*

I, \_\_\_\_\_ (Participant, or Designated PDS Representative), am providing this acknowledgment as part of the employment documentation for \_\_\_\_\_ (Prospective PDS Employee Name) to be a PDS employee.

ACKNOWLEDGEMENT	
<p>I, as the PDS employer and/or my PDS representative, have the right to determine any training requirements my PDS employee must meet above and beyond what is required by the Department for Medicaid Services. I choose to waive the recommended CPR/First Aid certification for the prospective PDS employee named above.</p> <p>In doing so, I acknowledge that:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The Department for Medicaid Services recommends CPR/First Aid certification as a component of PDS employee requirements within six (6) months of hire.</li> <li><input type="checkbox"/> There are potential health, safety, and welfare risks of employing a PDS employee without requiring the recommended CPR/First Aid certification. I am fully informed of my rights and responsibilities as a PDS employer and accept the risk and potential adverse outcomes associated with waiving the recommended CPR/First Aid certification for this prospective PDS employee.</li> </ul>	
Signature of Participant or PDS Representative	Date of Signature (month, day, year)
Printed or Typed Name of Participant or PDS Representative	
Participant Name	Medicaid ID Number