

MINNESOTA HEALTH CARE PROGRAMS (MHCP)

Qualified Professional (QP) Acknowledgement

PCA Agency: Complete this form to notify DHS of a newly employed QP, when a QP is no longer affiliated or employed with your agency, and for each QP at the time of your annual review and revalidation. By signing below you certify that this QP meets the definition of a QP.

Qualified Professional: Complete this form as your acknowledgement of responsibilities and obligations of a QP for the PCA program.

NAME OF PCA AGENCY (PRINT OR TYPE BUSINESS NAME)			PCA AGENCY NPI/UMPI
ADDRESS	CITY	STATE	ZIP CODE
AGENCY REPRESENTATIVE NAME	AGENCY REPRESENTATIVE SIGNATURE		DATE

By signing below, I acknowledge and certify all the following:

- I understand the qualifications of a QP
- I meet the qualifications of a QP
- I am aware of my responsibilities and duties as a QP with a PCA agency
- I have assumed the duties of a qualified professional
- I am a *(choose one)*:
 - Registered nurse (RN)
 - Licensed social worker (LSW)
 - Mental health professional (MHP) – specify MHP type: _____
 - Qualified developmental disability specialist (QDDS)

QP LAST NAME (TYPE OR PRINT)	QP FIRST NAME	QP MIDDLE NAME	LICENSE NUMBER	DATE OF BIRTH
ADDRESS (RESIDENCE)	CITY	STATE	ZIP CODE	SOCIAL SECURITY NUMBER
DATE TAKEN OR REGISTERED TO ATTEND STEPS FOR SUCCESS	DATE OF EMPLOYMENT	BACKGROUND STUDY ID NUMBER	BACKGROUND STUDY CLEARANCE DATE	
SIGNATURE			DATE	PHONE NUMBER

Check this box if the affiliation for this person has ended.* Enter end date: _____

*PCA agencies must submit a new Qualified Professional Acknowledgement form listing your new QP if this was the only QP for your agency.

Fax this completed form to MHCP Provider Enrollment at 651-431-7465.

Minnesota Statutes 256B.0625 subd. 19c – Personal Care
 Minnesota Statutes 256B.0659, subd. 13 – Qualified Professional; Qualifications
 Minnesota Statutes 256.B.0659, subd. 14 – Qualified Professional; Duties