

INDIVIDUAL PROVIDER

# Training and Credential Correction



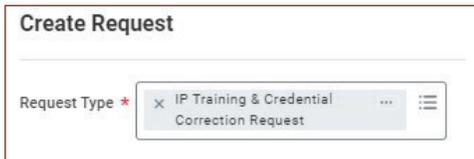
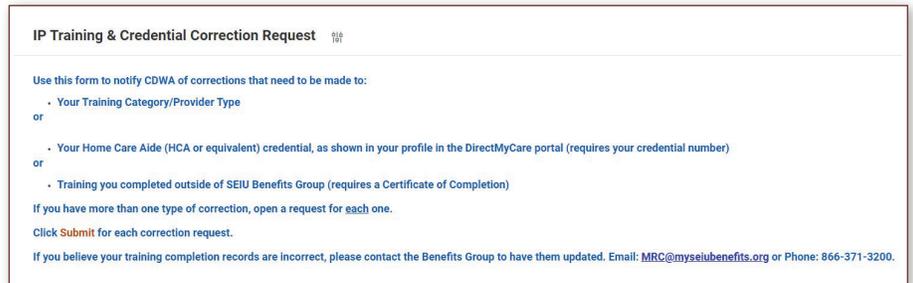
You may request a review for one or more of the following (a separate request is required for each):

- Continuing Education Completion
- Your Training Category/Provider Type
- Your Home Care Aide (HCA) (or equivalent) credential as shown on your profile in the DirectMyCare web portal
- Training you completed outside of the SEIU 775 Benefits Group.

**If you have more than one type of correction, open a request for each one. Remember to click Submit for each request.**

## To Request a Training Correction

1. Log in to CDWA's [DirectMyCare web portal](#).
2. From the My Dashboard screen, click the **Workday** button to go to your Workday homepage.  
*\*If you reach a log in page, enter the same username and password as used to log into the [DirectMyCare web portal](#).*
3. Locate the search bar at the top of the screen and type in **create request**.
4. Select the **Create Request Task**.
5. In the Create Request pop up, use the dropdown menu to select **All**. Then select **IP Training and Credential Request**.  
*\*\*There are helpful instructions on the screen. Review these before completing all the fields for the task (Fig. 01).*

**IP Training & Credential Correction Request**

Use this form to notify CDWA of corrections that need to be made to:

- Your Training Category/Provider Type
- or
- Your Home Care Aide (HCA or equivalent) credential, as shown in your profile in the DirectMyCare portal (requires your credential number)
- or
- Training you completed outside of SEIU Benefits Group (requires a Certificate of Completion)

If you have more than one type of correction, open a request for each one.

Click **Submit** for each correction request.

If you believe your training completion records are incorrect, please contact the Benefits Group to have them updated. Email: [MRC@myselubenefits.org](mailto:MRC@myselubenefits.org) or Phone: 866-371-3200.

Fig. 01

6. Click **OK**
7. Complete every required field.
8. Enter your ID number.

Enter your 9-digit ProviderOne ID or 7-digit CDWA Person ID  
(Required)

9. Enter today's date.

10. Select the type of Correction you are requesting.

- Continuing Education Completion (No attachment required)
- Training Category/Provider Type (No attachment required)
- HCA or Other Qualifying Credential (ANP, RN, LPN, NAC, or OSPI) (Requires your credential number)
- Training Transfer (Certificate of Completion required)

## Continuing Education Completion

Upload documentation from the SEIU 775 Benefits Group or another approved training program. If you completed your Continuing Education through another approved training program, you must include your Certificate of Completion.

Continuing Education Completion (Attachment optional)

Drop files here

Select files

Type in a description of the Continuing Education record information that you would like reviewed.

Supporting information - Tell us more about the correction you are requesting

If you selected more than one Training Category/Provider Type, list each of your Clients' names and their ProviderOne ID numbers here. (Required)

## Training Category/Provider Type

Select the one that best fits your provider type. If you have more than one Client, you may select more than one, depending on your role. (Fig. 02)

In the Supporting Information box, type each of your Client names and their **ProviderOne ID number**.

Supporting information - Tell us more about the correction you are requesting

If you selected more than one Training Category/Provider Type, list each of your Clients' names and their ProviderOne ID numbers here. (Required)

- Standard HCA
- Adult Child Provider
- Limited Service Provider
- DDA Parent Provider
- Respite Provider
- Spouse/Registered Domestic Partner
- Family Provider

(Fig. 02)

## HCA or Other Qualifying Credential

Type in your Credential Type and Number. OSPI Credential requires an attachment of your certification. CDWA will verify your certification.

HCA or Other Qualifying Credential

Enter your Credential TYPE and NUMBER.

If you selected OSPI (Office of Superintendent of Public Instruction), you must attach a copy of your certification below.

Type in a short description of your request.

Supporting information - Tell us more about the correction you are requesting

If you selected more than one Training Category/Provider Type, list each of your Clients' names and their ProviderOne ID numbers here. (Required)

## Training Transfer

Upload your Certificate of Completion.

Upload your Certificate of Completion (Required)

Drop files here

or

Select files

Type in a short description of your request.

Supporting information - Tell us more about the correction you are requesting

If you selected more than one Training Category/Provider Type, list each of your Clients' names and their ProviderOne ID numbers here. (Required)

### 11. Complete the attestation and click **Submit**.

I certify the above information is true and accurate to the best of my knowledge. Additionally, I attest that the document attached supports my request for correction.

CDWA will respond within 7 business days with an approval, denial, or additional questions. (Required)

Yes

No (Click Cancel to exit this request without submitting)

Submit Save for Later Cancel

a. CDWA will respond within seven business days with an approval, denial, or additional questions.