



Indiana Driver Update Form

Livery

Wheelchair

EMT/Paramedic

Attendant

Provider Company Name _____

Employee: New Update Termination Date _____

Last Name _____ First Name _____ M.I. _____

Date of Birth _____ Social Security Number _____ - _____ - _____ (copy of the card provided)

Driver's License # _____ Expiration Date of License _____

INITIAL ALL THAT APPLY TO THE PACKET	Provider Relations	Operations	DNO
Required Training Attestation <ul style="list-style-type: none"> • Medicaid Fraud, Waster, and Abuse • HIPAA HITECH Privacy for Covered Entities • General Compliance • Code of Conduct 			
Driver's License (driver must be 21 years of age)			
10 Panel Drug Screen (annual check required) <ul style="list-style-type: none"> • Medicaid Review Officer • Chain of Custody • Physician's statement for positive tests due to prescribed medication 			
OIG, EPLS, SAM Check			
National Sex Offender Check (annual check required)			
Motor Vehicle Report (annual check required) <ul style="list-style-type: none"> • 5-year history • No more than 2 chargeable moving violations or at fault accidents in past 3 years • No DUI/DWI or suspensions/revocations in the past 5 years 			
National Criminal Background Check (annual check required) <ul style="list-style-type: none"> • 5 year National, State, and County level check • No felony convictions past 5 years • No crimes of violence, substance abuse, or sexual abuse 			
Workers Comp Weaver as applicable			

TRAINING

CTAA Pass Basic			
CTAA Pass (for Wheelchair only)			
National Safety Council (NSC) First Aid / CPR / AED or American Red Cross First Aid and American Red Cross CPR			
National Safety Council (NSC) Defensive Driving or Smith Defensing Driving			

For WellTrans Use Only		
Date Received _____	Date Approved _____	9245 N Meridian St Suite 225 Indianapolis, IN 46260
Approved By _____		
Verified By _____		