ATTESTATION FORM

(Use for verifying Service Supervisor qualifications)

Source: HI Waiver Provider Standards Manual (July 2026): 3.5.D - Additional Qualifications for Service Supervisors (pp. 87-88).

The agency must retain the original signed form in the employee's personnel file for the duration of their employment. Complete and submit this attestation form to DOH.dddcrb@doh.hawaii.gov and upload it to the Provider Portal.

Provider Agency Name: _____

Employee Name: _____

I attest that the employee listed above possesses one of the minimum requirements checked below for the Service Supervisor position, to provide services to participants in the Home and Community Based Waiver for Individuals with Intellectual and Developmental Disabilities (I/DD Waiver).

- ☐ Bachelor's degree from an accredited college or university in a field other than social sciences or education with one (1) year verifiable experience working directly with individuals with disabilities or the elderly.
- ☐ Registered Nurse license in the State of Hawaii.
- ☐ High school diploma or equivalent (GED) and a minimum of two (2) years of experience providing direct assistance to individuals with intellectual and/or developmental disabilities and has met all requirements listed below:
  - ☐ Has been employed by the agency for a minimum of six (6) months;
  - ☐ Will be under the supervision/oversight of a qualified staff who will co-sign for the first six (6) months; and
  - ☐ Possesses people skills, advocacy skills, ability to build relationships and verbal and written communication skills.
- ☐ Qualifications from an accredited foreign college or university with one of the requirements listed below:
  - ☐ Document verification that the degree is equivalent or higher than a bachelor's degree in the United States; or
  - ☐ Document verification of acceptance of admission to a graduate program at the University of Hawaii, Hawaii Pacific University, or Chaminade College.

By signing, I attest I am authorized to sign on the provider agency's behalf and the information in this document is true and accurate.

_____ _____
Print Name of Person Completing Form Title

_____ _____
Signature Date

This form can be signed electronically ("E-sign") or printed and signed. An E-sign is accepted as an original signature.