LogistiCare

TEXAS PROVIDER DRIVER/ATTENDANT UPDATE

☐ Livery ☐ Wheelchair ☐ EMT/Paramedic ☐ Attendant

Provider Company Name: _____

Employee: ☐ **New** ☐ **Update** ☐ **Termination**

Termination Date: _____ Reason for Termination: _____

Last Name	**First Name**	**M.I.**

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

Driver's License # _____ Expiration Date of License _____

Please initial all that apply to the packet	Provider	Operations	Corp
Office of the Inspector General (OIG)			
Texas Office of the Inspector General (TOIG)			
System for Award Management (SAM)			
Driver's License (Must have current & legible TX or neighboring state license)			
Driver must be 21 years of Age			
Social Security Card			
Verification of Social Security Number			
10 Panel Drug Screen (annual check required)			
Medical Review Officer			
Chain of Custody			
Physician's statement for positive tests due to prescribed medication			
State and National Sex Offender Check (annual check required)			
Motor Vehicle Report (annual check required)			
7 year history			
Drivers may not have more than one (1) moving violations or at fault accident within a 12 month time period			
No DUI/DWI or suspensions/revocations in the past 7 years			
Criminal Background Check (annual check required)			
7 year State and National Check			
No crimes of violence, substance abuse or sexual abuse			
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 Defensive Driving			

For LogistiCare Use Only

Remove NC ☐

Date Received _____

Date Sent Corporate _____

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