Pediatric Complex Care Assistant License Attestation

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

The Pediatric Complex Care Assistant (PCCA) is required to maintain a current PCCA license in good standing. The PCCA employer is required to ensure that the individual PCCA licenses are current and in good standing.

Section 1 Personal Information

PCCA First Name	
PCCA Licensure Number	
Employer Name	

Section 2 Attestation

I, _____, attest to the following statements:

1. My license, issued by the State of Montana, is currently active and in good standing.
2. I have no pending disciplinary actions, sanctions, or restrictions against my license.
3. I have met all certification requirements as mandated by the licensing authority.
4. My license is not expired and remains valid until the license expiration date indicated above.

Section 3 PCCA Signature and Date

I understand that providing false or misleading information may result in disciplinary action, including termination of employment, Medicaid fraud, and potential legal consequences.

PCCA Signature _____ **Date** _____

Section 4 Employer Verification

I, _____, hereby verify that the above-named PCCA license status has been reviewed and confirmed as current and in good standing.

Employer Signature _____ **Date** _____