

Please complete the following and send to your chosen KCTCS test site via secured fax **on facility letterhead** with roster.

By completing and signing the following. I certify and self-attest that **all** the requirements for eligibility to take the SRNA competency exam have been met by the PCA(s) on any roster submitted by our facility. I certify all PCA's are listed on the KBN PCA list . I certify our facility and documentation are available for annual on-site audit of our training program.

Name of Facility: _____

Nurse Aide Training provider Approval Number: _____

Documentation of the date the 80 hours of training following 42 CFR 483.152 was completed for each PCA is maintained in the employee's PCA training file at the facility and available for audit.

Documentation of assessment in all areas of required nurse aide training as provided for in 42 C.F.R. §483.152(b) is maintained in the employee's PCA training file at the facility and available for audit.

Name of approved instructor

Copy of MOI required to show they meet 42 CFR 483.152 **MUST** be in Instructor file at Facility for audit.

Facility Administrator printed name

Facility Administrator Signature

Date Signed: _____