

**TEMPORARY PERSONAL CARE ATTENDANT (PCA) TEST ROSTER ONLY**

<b>PCA Training Facility</b> _____ <b>Address</b> _____ _____ <b>Phone</b> _____ <b>Contact Person</b> _____ <b>Test Date:</b> _____	<b>Facility No.</b> _____ <b>Written Test Form</b> _____ <b>Performance Test Form</b> _____ <b>Testing Region No.</b> _____
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**FACILITY CERTIFICATIONS TO ENABLE PCAs TO TAKE THE SNRA ASSESMENT. PLEASE READ CAREFULLY.**

**I certify** that the PCAs listed on this roster to take the SRNA test have been reported to the Kentucky Board of Nursing and listed on the PCA list maintained by KBN. **I certify** the training completed covered all the “Required Areas of Instruction/competency” as outlined by OIG. **I certify** the PCAs listed on this roster have completed a minimum of 80 hours of PCA within a skilled nursing facility under the supervision of a licensed or registered nurse at all time. **I certify** the PCAs listed on this roster were restricted to performing duties that were within the “Acceptable Score of Practice for PCAs” as outlined by OIG. **I certify** that all training documentation for the course, including course outline, PCA skill check-off’s, documentation of completion, and all other pertinent training records are maintained to be reviewed during OIG inspection or on-site training audit. **I certify** I adhered to applicable sections of 41 CFR 483.152, to include but not limited to, (a)(3&4), and (c). **I certify**, I have provided all required documentation as requested by the testing site in order to allow the listed PCAs to test.

**PCA Training MOI Approved Licensed Nurse Signature:** \_\_\_\_\_

<u>Test Candidates</u>		Social Security Number	ID (✓)	Training Completion Date	Signature On Test Date	Training Provider Approval Number	Status: 001=written & prctical 004=written 005=practical	Cost
Last Name	First Name							
1.								
2.								
3.								
4.								
5.								

**TEST CANDIDATE RELEASE STATEMENT** I acknowledge that I have been informed the PCA status is temporary and my right to test will expire 90 days after the expiration of the public health emergency.

<b>Test Admin. Signatures</b>	
<b>Regional Coordinator Signature</b>	