

OPTIONAL WORKSHEET
VERIFICATION OF DIALYSIS PATIENT CARE TECHNICIAN CERTIFICATION

Facility Name	CMS Certification #	Address

Information should be listed on all dialysis patient care technicians (PCT) which the facility employs (full or part time). For PCTs not certified, enter "none" in "Certified Date" column.

#	Name of PCT (Please type or print legibly)	Hire date DD/MM/YY	Certified Date DD/MM/YY	By Whom? NNCC, NNCO, BONENT, State	Certification Number	Completed Approved Training	Competency Documented	Comment
1								
2								
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This Worksheet may be copied to list additional PCTs.