



## Attestation Form – Updates

Employee Name	Job Class	SSN	Vendor Name	
License/Certification	License/Certificate State and Number	Expiration Date	Verification Date	
State License				
Certification				
BLS				
ACLS				
PALS				
NRP				
LPN/LVN IV Certification (if applicable)				
Other (list):				
Other (list):				
Drivers License (if applicable)				
Background Investigation			Date Completed	
OIG List of Excluded Individuals				
GSA List of Parties Excluded from Federal Programs				
State Exclusion List				
Health Information			Date Completed	
PPD				
Schedule II				
Annual Education Records			Date Completed	
OSHA Bloodborne Pathogens				
Safe Body Mechanics				
Age Specific				
TB Education (if applicable)				
Job Description (if applicable)				
Safety and Risk Management				
Infection Control				
Fire Safety				
Skills Checklist				
HCA Code of Conduct Refresher				
Respirator Fit-Testing (if applicable)				
Attestation Statement & Signature				
As a designated representative of the Agency named below, I attest that the above information is in this employee's file, and that the above named employee has related job skills and <i>a minimum of one year of acute care experience in the areas assigned above.</i>				
Name of Agency:				
Agency Representative:			Date:	

Fax to: \_\_\_\_\_