

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 _____