

Worksheet for Verification of Dialysis Patient Care Technician Certification

Facility Name	CMS Certification #	Address	
Name of Person Completing Form			Date

Ask a responsible staff member to complete the following information for each dialysis patient care technician (PCT) the facility employs (full or part time). For PCTs not certified, enter "none" in "Certified Date" column. The surveyor will verify information provided for the sample of the PCTs.

#	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								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								

Please copy this form for listing additional PCTs.