

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 Last Name
PCCA Licensure Number	License Expiration Date
Employer Name	Employer Mailing Address
Section 2 Attestation	
<p>I, _____, attest to the following statements:</p> <ol style="list-style-type: none">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	
<p>I understand that providing false or misleading information may result in disciplinary action, including termination of employment, Medicaid fraud, and potential legal consequences.</p> <p>PCCA Signature _____ Date _____</p>	
Section 4 Employer Verification	
<p>I, _____, hereby verify that the above-named PCCA license status has been reviewed and confirmed as current and in good standing.</p>	
Employer Signature	Date