Pediatric Complex Care Assistant License Attestation



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 I Personal Information		
PCCA First Name	PCCA Last Name	
PCCA Licensure Number	License Expiration Date	
Employer Name	Employer Mailing Address	
Section 2 Attestation		
I. 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