

Surveyor Worksheet (Optional)
Verification of Dialysis Patient Care Technician Certification

Facility Name	CMS Certification #	Address

Information should be listed on all dialysis patient care technicians (PCT) which the facility employs (full or part time). For PCTs not certified, enter "none" in "Certified Date" column.

#	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								
14								
15								

This Worksheet may be copied to list additional PCTs.