

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

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| Facility Name | CMS Certification # | Address |
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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 |
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This Worksheet may be copied to list additional PCTs.