

## Private Duty Nursing (PDN) Time Log for the Month of

CLIENT'S NAME

CLIENT'S ID NUMBER

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PDN PROVIDER'S NAME		DOING BUSINESS AS		
PROVIDER ONE NUMBER	PHONE NUMBER (	WITH AREA CODE)	EMAIL ADDRESS	

Instructions:

- Each PDN contracted provider will keep detailed records of time spent providing PDN services to justify PDN services provided on a monthly basis, in accordance with WAC 388-106-1040.
- Each PDN contractor will put time IN and time OUT and will total hours spent for each given day of the month.
- The PDN provider will certify that the hours are accurate and complete, then sign and date, the attestation below.

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I attest that the information provided above is factual and truthful.									
CONTRACTED PROVIDER'S SIGNATURE			DATE	DATE PRINTED NAME		NTED NAME			
WITNESS (CLIENT OR APPROVED ALTERNATIVE) SIGNATURE DATE PRINT					PRINTED NAME				