| Text  Description automatically generated | **Private Duty Nursing (PDN) Time Log for the Month of**  MM/YYYY | | | | CLIENT’S NAME |
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| CLIENT’S ID NUMBER |
| 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 PRINTED NAME    WITNESS (CLIENT OR APPROVED ALTERNATIVE) SIGNATURE DATE PRINTED NAME |