| Text  Description automatically generated | **Private Duty Nursing (PDN) Time Logfor 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 |