**HOME HEALTH AIDE ATTESTATION OF LICENSURE AND EMPLOYMENT**

**(WAIVER OF EXAMINATION)**

**EMERGENCY RULE-MAKING 9-21-2022**

**PART 1: To be completed by the applicant**

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| --- | --- |
| NAME (Last, First, Middle) | Date of Birth (MM/DD/YYYY) |
| Social Security Number | Applicant’s District of Columbia License Info:  Training Program/School’s Name |
| Name and Address of Employer | Employer’s No. and Email address |

**PART 2: To be completed by employer.** I hereby state, to the best of my information, knowledge, and belief that the information provided in this document is true and correct. Prior to submitting the application, the applicant has been employed for a minimum of forty-five (45) days between February 18, 2022 and August 10, 20222 pursuant to the Preserve Our Healthcare Workforce Temporary Amendment Act of 2021 as a HHA in this DC licensed healthcare facility.

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| --- | --- |
| Hire Date: |  |
| Employer‘s Authorizing Rep. (Print name) | Employer’s Authorizing Rep. Title |
| Employer’s State License No. | Employer’s Authorizing Rep. Signature and Date |