

## Documentation of HCA Exempt Employee Status

Employee Name:

First Day of Work:

Last Day of Work (If applicable):

Date of Orientation:

Date of Completion of RFOC/Basic Training:

Date of Completion of Any Specialty Training:

I certify that the above-mentioned person was employed as a caregiver/long term care worker sometime between January 1, 2011 and January 6, 2012 and completed all of the training requirements in effect as of the date of hire.

OR

I certify that the above-mentioned person was hired near the end of 2011 and will complete/has completed all training requirements in effect on the date of hire within 120 days of employment. As an employer, I have attached the following documents to this form:

Certificates of completion for:

Orientation and Safety

RFOC/Basic training

Mental Health Specialty (if we serve clients with mental illnesses)

Dementia Specialty (if we serve clients with dementia-related diseases)

Developmental Disability (if we serve clients with developmental disabilities)

The exempt worker's job title and job description

Administrator's Signature \_\_\_\_\_ Date \_\_\_\_\_

*This document demonstrates an employee's exemption to the 75-hour training and home care aide certification requirements effective January 7, 2012. Place a copy of this document in the exempt employee's personnel file; provide a copy to the worker as well. Use this form as proof of exemption for survey and/or complaint purposes. The exempt worker may also use this form when applying for other jobs and/or to sit for the home care aide certification exam (optional).*