

Facility Letterhead

Subject: Request for Ohio STNA Exam Temporary Nurse Aide Letter of Attestation

Skilled Nursing Facility Name:

Facility Address:

Medicare ID Number:

Temporary Nurse Aide Name:

Last 4 of SS#:

Birthdate:

The Temporary Nurse Aide listed above completed a minimum of 75 hours of training that occurred in a long-term care facility setting during the COVID-19 public health emergency, declared by the United States Secretary of Health and Human Services. This training included on-site observation and work as a nurse aide under a COVID-19 pandemic waiver issued by the Federal Centers for Medicare and Medicaid Services. The training addresses all the required areas specified in 42 C.F.R. 483.152(b). If gaps in on-site training are identified, the individual also must complete supplemental training.

We are requesting the Temporary Nurse Aide sit for and take the Ohio STNA Exam to become a State Tested Nursing Assistant.

Facility Representative:

Signature block

Signature and date (required)\_\_\_\_\_