

## Boundless PDP **TRAINING Form A**

### Report of Employee Hours (15 Minute Increments) For Training/Certification Class Attended

Enter Above **PDP Worker's Name** (please print clearly)

Enter Above Name of **Consumer** Served (please print clearly)

Enter Above Consumer's  
12-digit Medicaid Number

Enter the training certification class attended for each day of training. (example PDP training, CPR, MUI)

enter date each service was provided (mm/dd/yyyy)	day of week	enter the number of hours provided	<b>Training</b> Certification Class Attended
	Saturday		
	Sunday		
	Monday		
	Tuesday		
	Wednesday		
	Thursday		
	Friday		
	Saturday		
	Sunday		
	Monday		
	Tuesday		
	Wednesday		
	Thursday		
	Friday		
Total Units			

**For the Boundless-PDP office ONLY**

Total Qtr. Hour Units: \_\_\_\_\_

Qtr. Hour Rate: \_\_\_\_\_

Amount Due: \_\_\_\_\_

Authorized By: \_\_\_\_\_

**PDP Coordinator**

**Contact Phone Number:** \_\_\_\_\_

**PDP Worker, sign your name above if you certify the following statement:**

"This is to certify that I have completed the training/certification courses listed on this invoice to the consumer indicated above in the durations and on the dates indicated, and these payment for these services will be from County, State, and/or Federal funds and that any false claims, statements, documents or concealments of a material fact may result in suspension of my eligibility as a PDP Employee and I may be prosecuted under applicable Federal and/or State Laws."