



North Carolina
Community Alternatives Program (CAP)
Employer – Nurse Employee Attestation Form

This attestation serves to affirm the Employer's responsibility in verifying that the nurse (LPN, RN) Employee has met the Medicaid requirement of having accumulated 1,000 or more hours of nursing experience. Please note that this verification is not the responsibility of Acumen Fiscal Agent. Failure to accurately verify these hours could be considered Medicaid fraud and may result in a recoup of employee pay.

EMPLOYER VERIFICATION

I, _____ (Employer Name), hereby certify that I have verified that _____ (Nurse Employee Name) has met the Medicaid requirement of having 1,000 or more hours of nursing experience. This verification was completed on _____ (Date Verified).

EMPLOYEE CONFIRMATION

I, _____ (Nurse Employee Name), acknowledge and confirm the above statement.

CLIENT INFORMATION

Client Name: _____

Client DOB: _____

EMPLOYER SIGNATURE

Employer Name: _____

Signature: _____

Date Signed: _____

NURSE EMPLOYEE SIGNATURE

Employee Name: _____

Signature: _____

Date Signed: _____

Please ensure that all information provided above is accurate and truthful. Any misrepresentation or omission of fact may result in punitive actions, including but not limited to recoupment of employee pay.

For any further inquiries or concerns, please contact Acumen Fiscal Agent. We are here to assist you in fostering an efficient and compliant work environment.

- Return form to Acumen at:
 - Mailing Address: 5416 E Baseline Road, Ste. 200, Mesa, AZ 85206
 - Fax: 866-463-7589
 - Email: nccapagents@acumen2.net