

Janet T. Mills
Governor

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Commissioner



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Licensing and Certification
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Personal Support Specialist (PSS) Trainer Attestation Form

An individual wishing to become a PSS Instructor must receive a Certificate of Approval from the Division of Licensing and Certification before offering a Personal Support Specialist (PSS) course. The instructor wishing to teach the course must be sufficiently qualified, in accordance with standards as outlined below, and must utilize the approved curriculum provided by the Department of Health and Human Services.

Individuals may be approved as PSS Instructors by meeting one or more of the following criteria:

- Verification of status as a Registered Nurse, in good standing with the Maine State Board of Nursing;
- Certification or approval as an instructor for Certified Nursing Assistants, in good standing;
- Certification or approval as an instructor for Certified Residential Medication Aide, in good standing; or
- Approval from the Workforce Development Unit within the Division of Licensing and Certification, based on relevant experience as a trainer.

The instructor must complete and submit an original, signed copy of this PSS Trainer Attestation form, along with relevant supporting documents, to the Division of Licensing and Certification, Workforce Development Unit (address listed above). If approved, A PSS Trainer "Certificate of Approval" will be issued and mailed to the trainer at the address provided below.

INSTRUCTOR INFORMATION:

First Name: _____ Middle Initial: _____ Last Name: _____

Phone Number: _____ Email: _____

Address: _____

Qualifications:

RN License Number: _____

I am a current or previously approved CNA Instructor.

If Yes, provide name of program(s): _____

I am a current or previously approved CRMA Instructor.

If Yes, Attach a copy of your Train the Trainer Certificate.

I have relevant professional experience as a trainer.

Number of Years Teaching Adult Learners: _____

Relevant Licenses and Certifications Held: _____

Level of Education: Associate's Degree Bachelor's Degree Master's Degree

****Please attach a current resume' which supports your qualifications****

AGENCY INFORMATION (IF APPLICABLE):

Agency Name: _____

Address: _____

Phone Number: _____

ADDITIONAL INSTRUCTOR QUALIFICATIONS:

Please attach any additional information you would like the Department to consider in review of your request to be approved as a PSS Instructor.

INSTRUCTOR ATTESTATION

I hereby attest and affirm that:

The above information (and all included supporting documentation) is true and accurate;

I have not had a professional or occupational license pertaining to any health care related activity revoked for disciplinary reasons;

I do not have a professional or occupational license or certification pertaining to any health care related activity that is currently suspended for disciplinary reasons;

I have not been determined by a state court, an administrative law judge, or a final agency order to have violated any statute, rule, regulation, or order pertaining to any health care related activity, in this or any other state, in the 10 years preceding this attestation;

I have read and understand the approved PSS curriculum and skills checklist;

I will adhere to the approved curriculum and skills checklist when teaching this course; and

I will adhere to the administrative processes associated with conducting the PSS course.

Printed Name of Instructor: _____

Date: _____

Signature of Instructor: _____