**Sample Attestation Form**

Nurse Staffing Coalition

June 1, 2018

I, the undersigned with responsibility for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (hospital/health system name), attest that the attached staffing plan and matrix was developed in accordance with RCW 70.41.420 for the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (year) and includes all units covered under our hospital license under RCW 70.41. This plan was developed with consideration given to the following elements (please check):

* + Census, including total numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers;
	+ Level of intensity of all patients and nature of the care to be delivered on each shift;
	+ Skill mix;
	+ Level of experience and specialty certification or training of nursing personnel providing care;
	+ The need for specialized or intensive equipment;
	+ The architecture and geography of the patient care unit, including but not limited to placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment;
	+ Staffing guidelines adopted or published by national nursing professional associations, specialty nursing organizations, and other health professional organizations;
	+ Availability of other personnel supporting nursing services on the unit; and
	+ Strategies to enable registered nurses to take meal and rest breaks as required by law or the terms of an applicable collective bargaining agreement, if any, between the hospital and a representative of the nursing staff.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date