

Kent Intermediate School District
Electronic Signature Form
Medicaid School Based Services

This form is intended to record a physical copy of your signature in the event an audit is done of the documentation you have provided electronically. An electronic signature is a unique combination of your School/District ID, User ID and password used to access PSE Service Capture. This unique combination will ensure, for audit and confidentiality purposes, that all prior, current and future work completed online was done by you.

By signing this form below, I confirm that I will keep my user ID and password secure. I also confirm that, as a service provider for the School Based Services Medicaid program, I have delivered all documented services and that all service reports transmitted are true and correct. Documented services have been provided according to clinical guidelines and to the best of my ability.

I have read and agree that I will adhere to the above statements.

Signature

Date

Name (please print)

Title

This document must be kept on file for audit purposes and may be audited up to seven years AFTER employment ends. Please follow your district's procedure for uploading signed documents in PSE. Please attach completed forms to the staff member's profile.