



Practitioner's Certification for Paid Family Leave (PFL) Benefits

(THIS FORM IS NOT APPLICABLE IF THE REASON FOR PFL IS TO BOND WITH A CHILD).

INSTRUCTIONS: This certificate can be accepted only if you have been registered by the Employment Development Department (EDD). Submit this certification in lieu of Part D (Doctor's Certification) of the Claim for PFL Benefits form (DE 2501F).

PFL Claimant (CARE PROVIDER)

1. PFL Claimant's Name: _____
2. PFL Claimant's Social Security Number: _____

Care Recipient Information (PERSON RECEIVING TREATMENT FROM YOU)

3. Care Recipient's Name: _____
4. Care Recipient's Date of Birth: ____/____/_____
5. Provide a detailed statement of the symptoms displayed by the care recipient named above.

6. Does the above named care recipient require care by the care provider (claimant)? Yes / No
- a. If yes, the first date care is needed: ____/____/_____
7. Date you expect the care recipient to recover: ____/____/_____
8. Date you estimate care recipient will no longer require care by the care provider: ____/____/_____
9. Approximately how many total hours per day will the care recipient require care by care provider? _____
10. Is the care recipient's condition terminal?

11. I hereby certify that the care recipient is or was under my care, that the above statements in my opinion, truly describe the disability and the estimated duration thereof, and that the care recipient has professed to be an adherent of _____ (denomination) and that he/she depends entirely upon prayer or spiritual means for healing, and that I am a practitioner of _____ (denomination) and have been registered in writing with the EDD as same.

Practitioner's Certification and Signature: I certify under penalty of fraud, based on my knowledge, this certification truly describes the patient's condition and need for care and the estimated duration thereof.

Print or Type Practitioner's Name

Practitioner's Signature

Date Signed

Practitioner's Registration Number

Under sections 2116 and 2122 of the California Unemployment Insurance Code (CUIC), it is a violation for any individual who, with intent to defraud, falsely certifies the medical condition of any person in order to obtain disability insurance benefits, whether for the maker or for any other person, and is punishable by imprisonment and/or a fine not exceeding \$20,000. CUIC sections 1143 and 3305 require additional administrative penalties.