STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OREGON

COLLECTION OF ADDITIONAL REGISTRY INFORMATION

1. Full name of nursing assistant
2. Social Security Number
3. Information to identify each individual, including date of birth
4. Advanced training completed (medication aide, home health aide, psychiatric aide)
5. Previous three places of employment (as a CNA)
6. Date individual passed competency evaluation program or was deemed eligible
7. Information relating to findings of abuse, neglect or misappropriation of property
   a. Documentation of investigation
   b. Date of hearing, if any, and its outcome
   c. Individual's statement refuting allegation.

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