

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: LOUISIANA

N/A

DISCLOSURE OF ADDITIONAL REGISTRY INFORMATION

TN # 91-31 Approval Date JAN 15 1992 Effective Date JAN - 1 1989  
 Supersedes  
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Item 4.24(b)

STATE	<u>Louisiana</u>	A
DATE REC'D	<u>DEC 19 1991</u>	
DATE APPV'D	<u>JAN 15 1992</u>	
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COLLECTION OF ADDITIONAL REGISTRY INFORMATION

In addition to any information pertinent to the personal identification and investigation disposition of any complaint required by 42 CFR 483.156(c) the Registry will also obtain proof of continuing education by nurse aide employees for recertification purposes. Recertification must be completed biannually and proof of continuing education will be obtained by the Title XIX Program, Health Standards Section during the facility's annual review for automatic renewal by the Registry.

In addition applicants seeking reciprocity in Louisiana must provide the following information to the Registry: name; social security number; certification number; address of states registry; place of employment; and date of employment termination.

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