

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Pennsylvania

DISCLOSURE OF ADDITIONAL REGISTRY INFORMATION

This registry does not plan to disclose any additional information.

TN No. 91-46

Supersedes

Approval Date April 10,1992

Effective Date 01/01/92

TN No. (NEW)

HCFA ID:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Pennsylvania

COLLECTION OF ADDITIONAL REGISTRY INFORMATION

The following information is collected in addition to the information required by 42 CFR 483.156 (c)

- Modifier indicating aide was approved for registry enrollment by reciprocity, if appropriate.
- Name and address of agency which approved nurse aide for registry enrollment (Educational Testing Service, Department of Education, Department of Health).
- Current employer.
- Information necessary to identify the aide:
 - Social security number
 - Date of birth
 - Current address, telephone number
 - Maiden name, any other surname
- Duplicate notice issue date.
- Date continued enrollment was approved based on review of application.

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