

REQUEST FOR EXTENSION TO OHFLAC-NURSE AIDE REGISTRY

FAX REQUEST TO: (304) 558-1442

NAP

This form must be completed in its entirety

Reporting Facility Name: _____

Route to: Nurse Aide Registry

Report of : Abuse Neglect

Misappropriation

Name of alleged perpetrator: _____

Registered Nurse Aide's Eval-code (or registration) number: _____

Name of alleged victim: _____

Date: _____

Time of incident: _____

1. Please state the reason the facility is requesting additional time for completion of its investigation:

2. How many additional days the facility anticipates will be needed to complete the investigation? _____

3. Who should the OHFLAC reviewer contact if there are questions? _____

Signature of Administrator or Designee _____

Date: _____