

OHFLAC-AMAP

AMAP PERSONNEL - VERIFICATION FORM

The purpose of this form is for documenting verification of an individual's status with the West Virginia AMAP program. A screen print-out of the online look-up at wvdhhr.org/ohflac/amap, or email notice from Office of Health Facility Licensure and Certification is also acceptable.

GENERAL INFORMATION

Please complete the following information regarding the individual BEFORE calling OHFLAC's AMAP program.

AMAP NAME: _____ SS#: _____

SPECIFIC REASON(S) FOR WITHDRAWAL: _____

To verify whether the candidate has been placed on the NURSE AIDE ABUSE REGISTRY, contact OHFLAC's AMAP Program at 304-558-0050. Document the information received from OHFLAC on this form.

YES

NO

Is the individual's name and/or social security number listed with the NURSE AIDE ABUSE REGISTRY?

(Date)

If the answer to the above question is "yes", please record the date that the individual's name was placed on the NURSE ABUSE REGISTRY?

This information was obtained from: _____
(Name of the OHFLAC employee you spoke with)

This information was received by: _____
(Your Name and Title) (Date)

This form serves as acceptable documentation for the Office of Health Facility Licensure and Certification surveyor to demonstrate compliance with screening requirements.

The completed form must be maintained on file at the facility.