NURSE AIDE REGISTRY

IMMEDIATE FAX REPORTING OF ALLEGATIONS

FAX TO: (304) 558-1442

NAP

PURPOSE: THIS FORM IS TO BE COMPLETED IN ITS ENTIRETY TO REPORT ALLEGATIONS OF ABUSE,NEGLECT OR MISAPPROPRIATION OF RESIDENT'S PROPERTY BY A NURSE AIDE. **THE EVAL-CODE (REGISTRATION NUMBER) IS REQUIRED**.

Incident date:		Is this report being submitted within 24 hours of the incident?	☐ Yes ☐ No
If No, please explain:			

Name of Alleged Perpetrator:		**Eval-code#:** **(Registration number)**
Title:		The registered nurse aide's eval-code must be provided, or the form will be returned for completion.
Home Address:		
Home Telephone #:	( ) _ _ _ - _ _ _ _	

Facility Name:	
Facility Address:	
Facility Telephone #:	

Allegation:	

Remember to provide the OHFLAC-NAP with the registered nurse aide's Eval-code / registration number.

Name of Alleged Victim:		Mental capacity:	
Did the alleged victim require medical attention?	☐ Yes ☐ No		
If Yes, describe:			
Reported to APS	☐ Yes ☐ No	APS Report Obtained	☐ Yes ☐ No

Name of Complainant:		Relationship to Resident:	
Signature and Title of Person Completing Form:		Date:	