



## ADDRESS INFORMATION REQUEST FORM

Nursing Home Administrator (NHA) address information is available to the public upon request and payment of a fee to cover reasonable costs for providing requested information. Address information may be requested in the form of a hardcopy list, labels, diskette or electronic medium. Electronic medium is transmitted via e-mail thereby reducing response time. NHA licenses are effective for a two-year period and run from July 1 of an odd numbered year to June 30 of the following odd numbered year (e.g., July 1, 2005-June 30, 2007). Given this, address information requests following the June 30 license renewal deadline will produce the most current information. Nonetheless, licensees are required by law to report any change in employment or home address within 30 days.

### CONTINUING EDUCATION PROVIDERS

NHA licensees are required to satisfy the following continuing education (CE) requirements within a two-year license period:

- Active status: 60 hours CE required (55 hours general category + 5 hours ethics category)
- Inactive status: 30 hours CE required (27 hours general category + 3 hours ethics category)

Renewing licensees are required to report CE activities at renewal; therefore, CE providers should arrange to supply licensees' evidence of participation in sponsored activities (e.g., certificate of attendance, letter verifying attendance, etc.). Evidence of participation should include the following information:

#### Required

- Name of licensee
- Activity Title
- Activity Date(s)
- Hours completed/attended
- Approved ethics hours (e.g., "Approved for 2 Ethics hours")

#### Recommended

- Oregon NHA license number
- CE approval number (contact OHLA/NHAB for CEU Approval Request form)

### INFORMATION REQUEST

#### LICENSE STATUS

- Active  
 Inactive  
 Both

#### TYPE/FEE

- List/\$10  
 Labels/\$25  
 Diskette\*/\$10  
 E-mail\*/\$10

#### \*FORMAT (DISKETTE / E-MAIL)

- XLS (Excel)  
 CSV (Comma Delimited) ASCII  
 TAB (Tab Delimited) ASCII

#### SORT ORDER

- Alphabetical  
 Zip Code

1. REQUESTOR NAME

COMPANY

2. MAILING ADDRESS (STREET OR PO BOX)

PHONE

3. CITY

STATE

ZIP

FAX

4. EMAIL ADDRESS (REQUIRED FOR ELECTRONIC TRANSMISSION)

Remit Payment in the Form of a Check or Money Order Payable to: **Oregon Health Licensing Agency**