

The Ohio Academy of Nursing Homes Membership Update/Correction Form



FACILITY/COMPANY INFORMATION

Name of Facility/Company: _____
Address: _____ Phone Number: _____
City, State Zip: _____ Fax Number: _____
County: _____ Email: _____
Medicaid Provider Number: _____ Website: _____

CONTACT INFORMATION

Administrator: _____ DON: _____
Email: _____ Email: _____
Other: _____ Other: _____
Email: _____ Email: _____

OWNER INFORMATION

Corporate/Owner Name: _____ Phone Number: _____
Corporate Address: _____ Fax Number: _____
City, State Zip: _____ President/CEO: _____
Other Affiliated Health Care Facilities: _____

BED COUNT

Bed Count (SNF): _____ Bed Count (RCF, ICF-MR and Independent): _____

COMMUNICATION

All OANH members receive important member updates via email, such as: *The Academy Weekly* newsletter, legal information, regulatory and legislative information, and education program/CEU registration information and forms. Please list all names, positions and emails of individuals not receiving these important member updates.

Name: _____ Name: _____
Position: _____ Position: _____
Email: _____ Email: _____
Name: _____ Name: _____
Position: _____ Position: _____
Email: _____ Email: _____

PLEASE RETURN TO:

The Ohio Academy of Nursing Homes
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Victoria Gresh, Executive Director