



Biennial Nurse Registry Data Sheet

Registry Information: Answer where applicable and write legibly.

County: _____
 Name of Registry: _____ License # _____
 DBA: if applicable: _____
 Full Address: _____ County: _____
 EIN: _____ NPI: _____
 Medicaid Number, if applicable: _____ / Medicaid waiver: _____
 Telephone: _____ Fax: _____
 Email: _____ Website: _____
 Hours of operation: _____ am to _____ pm Days of the week: _____ to _____
 Management Company: Yes No?

Administrator: _____ Cell: _____
 Full Address: _____
 Email Address: _____
 Administrator social security number: _____ DOB: _____
 Alternate Administrator: _____ Cell: _____
 Full Address: _____
 Email Address: _____
 Alt. Administrator social security number: _____ DOB: _____
 Full Time Part Time Contractor

Nurse _____ RN LPN License # _____
 Full Address: _____
 Telephone: _____
 Full Time Part Time Contractor

Chief Financial Officer: _____
 Chief Financial Officer social security number: _____

Who owns the property? Business You Other: _____
 Name: _____ Phone _____
 Full Address: _____

OWNERSHP

Owner #1: Full Name: _____ %: _____
 Owner #2: Full Name: _____ %: _____
 Owner #3: Full Name: _____ %: _____
 Owner #4: Full Name: _____ %: _____

BOARD MEMBERS

BM #1: Full Name: _____ Telephone: _____
 BM #2: Full Name: _____ Telephone: _____
 BM #3: Full Name: _____ Telephone: _____
 BM #4: Full Name: _____ Telephone: _____