

PROVIDER COMPLIANCE REVIEW

EXIT CONFERENCE SIGN IN SHEET

PROVIDER NAME	Check One: AGENCY INDIVIDUAL <input type="checkbox"/> <input type="checkbox"/>	COMPLIANCE REVIEW DATE(S)	EXIT DATE
PROVIDER ADDRESS			
CITY/STATE/ZIP			
(AREA CODE) & TELEPHONE			
EMAIL ADDRESS			
<p><i>ODMR/DD and/or the county board conducted an Exit Conference today with the following people in attendance:</i></p>			
NAME & TITLE		AGENCY & PHONE	

<p><i>Condition(s) exist that pose an immediate risk to the individual's health, safety or welfare</i> NO <input type="checkbox"/> YES <input type="checkbox"/></p>	
<p>If YES, ODMR/DD and/or the county board shall:</p> <ul style="list-style-type: none"> ➤ Detail condition(s) that pose an immediate risk to an individual ➤ Detail the action the certified provider intends to take to correct condition(s) ➤ Identify an immediate correction date ➤ Leave a copy of the plan with the provider ➤ Copy to ODMR/DD/Provider Certification Unit 	