

Date

Provider
Address

RE: Provider Compliance Review
County:
Date of Review:
ODMRDD Provider Number:
Type of Waiver:
Certified Service(s):

Dear (Provider),

The provider compliance review conducted on **(DATE)** has been completed. As result of the review, the team reviewed information on continuing certification standards required by rules adopted under Chapter 5123 of the Ohio Revised Code.

We are pleased to notify you that there were no findings issued.

If you have any questions pertaining to this report, please contact _____.

Sincerely,

Review Specialist