

EXIT CONFERENCE RECORD

| Review Date: | Exit Conference Date: | Exit Conference Time: | County: | Provider/Facility Name : |
|--------------|-----------------------|-----------------------|---------|--------------------------|
| | | | | |

Print your name, title and agency.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Acknowledgment Statements

1. I acknowledge that the results of the review were explained to me and I was given the opportunity to ask questions and provide all requested information. _____
2. I acknowledge that I am responsible for updating demographics with any changes - name changes, email addresses, and contact information in the Provider Certification Wizard within 10 calendar days of any changes occurring. _____
3. I acknowledge that I am responsible for subscribing to the Rules List Serve within 10 calendar days of today's date. I will re-subscribe anytime my email changes. (To subscribe to the Rules Notice service, send e-mail to join-rules-notice@list.dodd.ohio.gov) _____

Provider Signature/Date