



**HOME HEALTH AIDE REGISTRY RENEWAL**  
State Form 49561 (R2/8-02)

This record indicates that the supervisors of the licensed home health agency or hospice, listed below, have determined that this registered home health aide has received sufficient annual continuing education as required under Indiana Administrative Code 17-14-1 (h).

**I. Aide Identification**

Full Name of Home Health Aide					
Residential Street Address					
City			County		
State		Zip		Aide Phone #	
Date of Hire			Termination Date		

Social Security #		Date of Birth	
RHHA Registration Number			

**II. Continuing Education of Home Health Aide**

TOPICS OF CONTINUING EDUCATION	Number of Hours Completed in calendar year
Curriculum – Based Topics	
Other Topics	
<b>Total Hours Of Continued Education</b>	

Date Individual Completed 12 hours of Continuing Education			
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**III. Agency Identification**

Program Director's Name					
Name Of Home Health Agency					
Street Address					
City		State		ZIP Code	
Facility Number					
Agency Telephone Number					

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Program Director's Signature

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Date