



Registration Form

State of Oregon Hospice Registry

ORS 443.870 Registry (1) The Oregon Hospice Association shall maintain and operate a registry of all certified and accredited hospice programs and all developing hospice programs and shall make such records available to the public.

Please complete separate registration form for each Medicare number and return to OHA (P. O. Box 10796, Portland, Oregon 97296) or fax to (503)222-4907. Contact OHA immediately if there are changes. The Registry is updated regularly and located at www.oregonhospice.org.

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|---|---------------|-------------------------|
| <i>Hospice Program Name:</i> | | |
| <i>Hospice Mailing Address:</i> | | |
| <i>City:</i> | <i>State:</i> | <i>Zip Code:</i> |
| <i>Telephone:</i> | | <i>Fax:</i> |
| <i>Contact Person for admissions:</i> | | <i>E-Mail Address:</i> |
| <i>Program director:</i> | | <i>E-Mail Address:</i> |
| <i>CMS Certification</i> | <i>State:</i> | <i>Date:</i> |
| <i>Accreditation</i> | <i>Body:</i> | <i>Expiration Date:</i> |
| <i>Accreditation</i> | <i>Body:</i> | <i>Expiration Date:</i> |
| <i>Licensure</i> | <i>State:</i> | <i>Expiration Date:</i> |
| <i>Service areas (counties/towns):</i> | | |
| <i>Physical address(es):</i> | | |
| | | |
| <i>Corporate name/affiliation/ownership:</i> | | |
| <i>Location of corporate offices(city/state):</i> | | |

_____ Number of Oregonians who died receiving hospice and/or palliative care services in calendar year 2007.

_____ Average Daily Census (all hospice patients)