Revision: HCFA-PM-91-10

(BPD)

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STATE	PLAN	UNDER	TITLE	XIX	of	THE	SOCIAL	SECURITY	ACT
State/Territory:			West Virginia						

## COLLECTION OF ADDITIONAL REGISTRY INFORMATION

- 1) Surname
- 2) Date of birth
- 3) Registration number
- 4) Last known employer
  - a) date of hire
  - b) date of termination
- 5) Information regarding deemed status
- 6) Expiration of registration
- 7) Registration card issued
- 8) Social Security number
- 9) Name of training program
- 10) Name of state reciprocity granted from
- 11) Date of reciprocity

TN No. 94-15
Supersedes Approval Date Effective Date
TN No.

HCFA TD.