



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
Office of Health Care Quality
Bland Bryant Building • Spring Grove Center
55 Wade Avenue • Catonsville, Maryland 21228

To: ALL GERIATRIC AIDE PROGRAMS (Community Colleges)
From: Carol Benner, Director
Subject: Geriatric Aides
Date: June 15, 1999

Your Geriatric Aide Program was submitted to this office (2) or more years ago. In order for your program to continue as an approved program we will need some updated information. Please complete the attached page and submit to my office no later than August 1, 1999.

Please continue to contact Lynne Condon, R.N. or Rosalia Moeller, R.N. at 410-764-2770 for geriatric aide problems.

NH: 99-002

GERIATRIC AIDE PROGRAM

PROGRAM NAME: _____
ADDRESS: _____
INSTRUCTOR (S) _____
NAME: _____
(INCLUDE ALL) _____

DATES OF PROJECTED CLASSES FROM JANUARY 1, 1999 TO DECEMBER 31, 2001

NUMBER IN CLASS

	#STARTED	# FINISHED
_____	#STARTED	# FINISHED

Please include planned program for 1999. NOTE: Some facilities will have on-site visits to evaluate the program, others evaluation will be done at the licensure visit.

If clinical skills are not taught at your school, give location of Clinical Site:

