

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
INDIANA  
State/Territory: \_\_\_\_\_

COLLECTION OF ADDITIONAL REGISTRY INFORMATION

State Name and date of reciprocity from another state  
Date of training completion  
Date of testing  
Name of person giving exam  
Facility where training was given  
Current employer by Medicare/Medicaid #  
All QMA's are identified by coded registry number

TN No. 92-12  
Supersedes  
TN No. -

Approval Date 8/13/92

Effective Date 4/1/92

HCFA ID: