



**DEPARTMENT OF PERSONNEL & ADMINISTRATION
STATE ARCHIVES AND PUBLIC RECORDS
RECORDS DISPOSITION SCHEDULE**

ARCHIVES NO. 17-26

DEPARTMENT Regulatory Agencies		DIVISION Professions and Occupations		SECTION Medical and Nurse Aides		PERMANENT <input checked="" type="checkbox"/>		NON-PERMANENT <input type="checkbox"/>			
ITEM NO.	DESCRIPTION	RETENTION PERIOD	SPECIAL INSTRUCTIONS								
1	Primary Supervising Physician Registration Forms	Permanent									
2	Nurse Aide Training Program Attendance Rosters	Permanent									
3	Nurse Aide List of Approved Training	Permanent									
<p>I request approval of the above records disposition schedule. Retention periods have been established by this agency after careful evaluation of all of the factors listed in the State Records Management Policies and Procedures Manual. I hereby certify that I am authorized to act for the head of this agency in matters pertaining to disposal of records. I also certify that I will comply with all conditions listed in the State Records Management Policies and Procedures Manual.</p>											
State Archivist's Signature <i>[Signature]</i>				Date 2/13/2017		Records Liaison Officer's Signature <i>[Signature]</i>				Date 1/23/17	
Attorney General's Signature				Date		State Auditor's Signature <i>[Signature]</i>				Date 3/13/17	