

## Quality Rating and Improvement System (QRIS) Personnel Qualifications

This form can be used for planning the professional development needs to meet the QRIS personnel qualifications. For reference, note the date printed in the footer.

**Facility Name:** My Example Program

**License Number:** RFXXXXXX

**Current License Expiration Date:** 01/13/17

**Licensing Hours Reported for Period:** 01/13/2015-01/15/2017

**Current QRIS Rating:** 2 Stars

**Application Date:** 09/09/2015

### Provider, Directors and Multi-Site Coordinators

| Name(s)    | Hire Date     | Position | Oregon Registry Step | Licensing Hours | Annual Hours | Ethics Enhancement | Total Program Management Hours | Oregon Registry Director Credential |
|------------|---------------|----------|----------------------|-----------------|--------------|--------------------|--------------------------------|-------------------------------------|
| First Last | Oct. 16, 2006 | Provider | 8                    | 132.25          | 44.00        | Yes                | 118.25                         | No                                  |

### Assistant 2 or Aide 2

| Name(s)    | Hire Date    | Position | Oregon Registry Step | Licensing Hours | Annual Hours | Ethics Enhancement |
|------------|--------------|----------|----------------------|-----------------|--------------|--------------------|
| First Last | Nov. 4, 2012 |          | 2                    | 14.00           | 13.75        | —                  |
|            |              |          |                      |                 |              |                    |