## **WITNESS REGISTRATION**

PUBLIC RECORD
Oregon State Legislature

Committee Name: Senate	Hea	1th	Car	e		OIMIO	Im C G I C	7103608
Public Hearing on: 58	12		C	ate: '	2-1	6-15	5	
Please register if you wish to testify on the above	named measu	re/issue.	<u>Plea</u>	SENAT DATE:	URE:6 ΒΙΤ:6 ΓΕ ΗΕΑLΤ =2/16/20	H CARE	Ş· 1	
Name and Organization <u>or</u> County of Residence	Phone # (Optional)	Do you live more than 100 miles from this meeting location?		SUBMITTED BY:Sta			written testimony?	
PLEASE PRINT LEGIBLY		Yes	No	For	Against	Neutral	Yes	No
DX 6:11			(1.00m, 2.00 to 1.00 to 1.00)	NV				
Dr. Sewene Smith				V/18/200				
Saus Bitton				7				
Oregon Center for Nursing		X		X			X	
Jana Bitton Oregon Center for Nursing Tricia Tully				×				X
Lane Community College				,				
Jarah Boessler				$\setminus$				
ONA				/ )			/\	
Committee Services				1	1	1	Revise	d 04/04