

**AGENCY STAFF CHANGE NOTIFICATION FORM
DIVISION OF ACUTE CARE
HOME HEALTH**

The Division of Acute Care must be notified each time a facility has a staff change to the following positions: Director of Nursing, Alternate Director of Nursing, Administrator, and Alternate Administrator. Please complete this form and submit it to the Division of Acute Care in the event of a change. **Complete a separate form for each staff change.**
Please call 317-233-7491 for questions.

Facility License or Provider Number:
Facility Name:
Facility Address:
City / State / Zip:

PLEASE CHECK THE APPROPRIATE BOX BELOW TO MATCH THE CORRECT POSITION CHANGE TYPE

<input type="checkbox"/> ADMINISTRATOR (New)	<input type="checkbox"/> DIRECTOR OF NURSING (New)
<input type="checkbox"/> ALTERNATE ADMINISTRATOR (New)	<input type="checkbox"/> ALTERNATE DIRECTOR OF NURSING (New)

Name of New Staff:	Date Appointed:
Resume Attached <input type="checkbox"/>	Criminal History Report attached <input type="checkbox"/>
License Included, if applicable <input type="checkbox"/>	

PREVIOUS STAFF (PERSON LEAVING POSITION ABOVE)

NAME:
LAST DATE IN POSITION:

AGENCY EMAIL ADDRESS:
Did the email address change as a result of your staff change? Yes <input type="checkbox"/> or No <input type="checkbox"/>

Please complete and fax the form to: Indiana State Department of Health, Acute Care, 317-233-7157, or mail the completed form to:

Indiana State Department of Health
Acute Care Division / Home Health
2 North Meridian, Section 4A
Indianapolis, IN 46204