

**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.

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

**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)

<b>Name of New Staff:</b>	<b>Date Appointed:</b>
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)**

<b>NAME:</b>
<b>LAST DATE IN POSITION:</b>

<b>AGENCY EMAIL ADDRESS:</b>
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



## ADMINISTRATOR OR DIRECTOR OF NURSING CHANGE FORM

Indiana State Department of Health-Division of Long Term Care

The Indiana State Department of Health must be notified each time that a facility has a change in administrator or director of nursing. It is recommended that the following form be completed and submitted to the Indiana State Department of Health in the event of a change.

Facility Number: 1N005301		
Facility Name: Hope Home Care		
Street Address:		
City: Rochester	State: IN	Zip Code: 46975

Please Check the Appropriate Box Below to Match the Correct Position Change Type	
<input checked="" type="checkbox"/> ADMINISTRATOR (New)	
<input type="checkbox"/> DIRECTOR OF NURSING (New)	
Name: Brenda K Purkey	License Number: 28144543A
Date Appointed: 11/1/2012	
Email Address: brendapurkey@hopehospicefc.com	

ADMINISTRATOR OR DIRECTOR OF NURSING (Previous)	
Name: Mary Beth Davis	License Number: 28120780A
Last Date in Position: 10/31/2012	

Please fill out the form and fax a copy to the Indiana State Department of Health:

Attn: Provider Services  
Fax Number: 317-233-7322

Or mail to the following address:

Provider Services  
Indiana State Department of Health  
Division of Long Term Care  
2 N. Meridian, Section 4B  
Indianapolis, IN 46204

If there are any questions please contact the Indiana State Department of Health at 317-233-1324 or 317-233-7794.