

**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: Clinical Supervisor, Alternate Clinical Supervisor, Administrator, and Alternate Administrator. Please complete this form and submit it to the Division of Acute Care in the event of a 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(ES) BELOW TO MATCH THE CORRECT POSITION CHANGE TYPE <input type="checkbox"/>
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Effective Date of change:	
<input type="checkbox"/> ADMINISTRATOR (New)	<input type="checkbox"/> CLINICAL SUPERVISOR (New)
<input type="checkbox"/> ALTERNATE ADMINISTRATOR (New)	<input type="checkbox"/> ALTERNATE CLINICAL SUPERVISOR (New)

Name:	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:

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

Mail to the following address:

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