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| **Department of Health Services**Division of Quality AssuranceF-02535 (02/2025) | **State of Wisconsin**Wis. Admin. Code § DHS 132.41(4)(d) |
| **Nursing Home** **Notice of Change for Administrator or Director of Nursing** |
| **Instructions** |
| * Use this form to notify the Division of Quality Assurance **within two working days of the change**.
* Complete all sections, sign, and submit this form via email to the Bureau of Nursing Home Resident Care at: dhsdqabnhrclicensing@dhs.wisconsin.gov
* Direct any questions regarding this form to dhsdqabnhrclicensing@dhs.wisconsin.gov.
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| Type of change: [ ]  Administrator [ ]  Director of Nursing  |
| **Facility information** |
| Name – Facility       | License number      |
| Name – Person completing form      | Title – Person completing form      |
| Phone number      | Email address      |
| **Previous administrator or director of nursing** |
| Name – Previous administrator/DON      | License number      | Date – Left position (MM/dd/yyyy)      |
| **New administrator or director of nursing** |
| Name – New administrator/DON      | License number      | Date – Began position (MM/dd/yyyy)      |
| Email address – New administrator/DON      |
| Work Status[ ]  Interim[ ]  Permanent[ ]  Acting (Unlicensed)\* |
| **\*If unlicensed, an individual has 120 days to obtain a license.****DQA must be notified of this change within two working days.** |
| [ ]  Yes [ ]  No  | **Is this person authorized to accept personal service and receive registered and certified mail?** [Wis. Stat. § 50.03(2m)] |
| **Signature** – Person completing form | Date signed (MM/dd/yyyy)      | Date submitted (MM/dd/yyyy)      |