

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 Elizabeth Laubenstein at:
Elizabeth.Laubenstein@dhs.wisconsin.gov
- Direct any questions regarding this form to Elizabeth Laubenstein at 608-266-2966.

Type of Change: Administrator Director of Nursing

FACILITY INFORMATION

Name – Facility

License No.

Name – Person Completing Form

Title – Person Completing Form

Telephone No.

Email Address

PREVIOUS ADMINISTRATOR OR DIRECTOR OF NURSING

Name – Previous Administrator / DON

License No.

Date – Left Position (MM/dd/yyyy)

NEW ADMINISTRATOR OR DIRECTOR OF NURSING

Name – New Administrator / DON

License No.

Date – Began Position (MM/dd/yyyy)

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)

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