

**NOTICE OF SUBSTANTIAL CHANGE
 FEEDING ASSISTANT TRAINING PROGRAM**

- The purpose of this form is to provide the Division of Quality Assurance (DQA) with information, in a timely manner, regarding requests for changes in approved feeding assistant training programs. Substantial changes in the program must be reported to DQA in writing 10 days prior to the implementation of the change. The substantial change must not be implemented until the change is approved by DQA. DQA responds to substantial change notices in writing.
- "Substantial change" is defined as any change in the primary instructor, curriculum, program site, or clinical site.
- Failure to provide this information may result in the suspension or revocation of the program's certification or the imposition of a plan of correction on the program.
- If you have any questions about the completion of this form, please contact the Office of Caregiver Quality at **(608) 261-8328**.
- Submit this completed form to: **Wisconsin Feeding Assistant Training Program
 Office of Caregiver Quality
 P.O. Box 2969
 Madison, WI 53701-2969
 FAX: (608) 264-6340**

• **Print neatly in BLACK INK or type.**

Name – Program	Program Approval Number
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CHANGE

Program designee changed? <i>If "yes," indicate date of change and attach details, including name, telephone number, and e-mail address.</i>	Date (mm/dd/ccyy)
Primary instructor changed? <i>If "yes," indicate date of change and attach details, including name, copy of current license, resume, Social Security Number, home address, telephone number.</i>	Date (mm/dd/ccyy)
Program trainer changed? <i>If "yes," indicate date of change and attach details.</i>	Date (mm/dd/ccyy)
Program site (instructional or clinical) changed? <i>If "yes," indicate date of change and attach details, including physical and mailing addresses, telephone number, FAX number.</i>	Date (mm/dd/ccyy)
Training curriculum changed? <i>If "yes," indicate date of change and attach details of curriculum change.</i>	Date (mm/dd/ccyy)

REASON FOR CHANGE *(Identify page and section from attached application.)*

PROGRAM REPRESENTATIVE

Name – Program Representative	Title	Telephone Number	FAX Number
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SIGNATURE – Program Representative	Date Signed
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DHS USE ONLY

Approved Entered Database Date: _____
 Approval Pending - Information Needed
 Denied Reason for Denial: _____

Name – Reviewer	Title	Date Reviewed
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