

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.

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)
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New administrator or director of nursing

Name – New administrator/DON	License number	Date – Began position (MM/dd/yyyy)
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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)
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