|  |  |
| --- | --- |
| **DEPARTMENT OF PUBLIC HEALTH****DIVISION OF HEALTH CARE FACILITY LICENSURE & CERTIFICATION****67 Forest Street**SEAL **Marlborough, MA 01752** | **NEW ADMINISTRATOR OR DIRECTOR OF NURSING WORKSHEET** |

**SUBMIT VIA HCFRS - DO NOT FAX OR MAIL THIS FORM TO DPH**

1. Create an incident in HCFRS using the incident code “Change in Administrator/ DON”.
2. In the narrative, indicate: “Effective [date], [name], [license number] became the [administrator/nursing director] of this facility. See attached Worksheet.”
3. Complete, scan and attach this worksheet when submitting your update.

Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New Administrator/DON Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License Number[[1]](#footnote-1): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Effective Date of Change: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New Administrator/DON Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New Administrator/DON Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In submitting this form, I attest that each of the following tasks and conditions has been met or is being completed:

|  |  |  |
| --- | --- | --- |
| **REQUIREMENT:** | **COMPLETED** | **IN PROCESS** |
| Listserv Enrollment |  |  |
| HHAN Enrollment |  |  |
| HCFRS Enrollment |  |  |
| EPOC Enrollment |  |  |
| MassMAP |  |  |

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of New Administrator/DON

1. State and Federal law requires that professional staff be appropriately licensed to their scope of practice in accordance with state requirements. [↑](#footnote-ref-1)