Massachusetts Department of Public Health
Bureau of Substance Addiction Services
**KEY PERSONNEL CHANGE REPORTING FORM**
Please fax the completed form (no cover sheet is necessary) to the secure eFax: 617-887-8787

Instructions:

* Per 105 CMR 164.035(F) please notify DPH/BSAS **at least two weeks prior to** a planned change or **within two business days** of an unplanned change of the following key personnel,
* Attach a **resume** of the replacement and **interim coverage plan** as needed,
* Indicate **all BSAS license and approval numbers** impacted by the key personnel change.

|  |  |
| --- | --- |
| **License(s)/ Approval(s) #:** | Date of Report: |
| Agency Name: | Program Name: |
| Program Address: |
| Reporter Name & Title: | Reporter Contact: |

|  |
| --- |
| **Outgoing Staff Information** |
| Outgoing Staff Name: | Last Day: |
| **Outgoing Staff Role** |
| [ ]  Program Director | [ ]  Clinical Supervisor/ Clinical Director | [ ]  Medical Director |
| [ ]  Nursing Director | [ ]  Executive Director | [ ]  President/Chairperson |
| [ ] Access Coordinator | [ ]  HIV/AIDS Coordinator | [ ]  Tobacco Education Coordinator |
| [ ]  License Administrator | [ ]  VG Administrator |  |

|  |
| --- |
| **Incoming Staff Information** |
| [ ]  Permanent [ ]  Interim |  |
| Incoming Staff Name: | Start Date: |
| Email Address: | Phone Number:  |
| **Incoming Staff Role** |
| [ ]  Program Director | [ ]  Clinical Supervisor/ Clinical Director | [ ]  Medical Director |
| [ ]  Nursing Director | [ ]  Executive Director | [ ]  President/Chairperson |
| [ ]  Access Coordinator  | [ ]  HIV/AIDS Coordinator | [ ]  Tobacco Education Coordinator |
| [ ]  License Administrator | [ ]  VG Administrator |  |

|  |
| --- |
| **Optional Section – Reason for Staff Departure:** |
| [ ] Internal Promotional Opportunity | [ ] Interim Backfill |
| [ ] Result of staff misconduct/ administrative action | [ ] Hired Elsewhere (private practice, other agency, government, etc.) |
| [ ] Left SUD Treatment Field | [ ] Other |