

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Program Director | <input type="checkbox"/> Clinical Supervisor/ Clinical Director | <input type="checkbox"/> Medical Director |
| <input type="checkbox"/> Nursing Director | <input type="checkbox"/> Executive Director | <input type="checkbox"/> President/Chairperson |
| <input type="checkbox"/> Access Coordinator | <input type="checkbox"/> HIV/AIDS Coordinator | <input type="checkbox"/> Tobacco Education Coordinator |
| <input type="checkbox"/> License Administrator | <input type="checkbox"/> VG Administrator | |

Incoming Staff Information

- ☐ Permanent ☐ Interim

Incoming Staff Name:

Start Date:

Email Address:

Phone Number:

Incoming Staff Role

- | | | |
|--|---|--|
| <input type="checkbox"/> Program Director | <input type="checkbox"/> Clinical Supervisor/ Clinical Director | <input type="checkbox"/> Medical Director |
| <input type="checkbox"/> Nursing Director | <input type="checkbox"/> Executive Director | <input type="checkbox"/> President/Chairperson |
| <input type="checkbox"/> Access Coordinator | <input type="checkbox"/> HIV/AIDS Coordinator | <input type="checkbox"/> Tobacco Education Coordinator |
| <input type="checkbox"/> License Administrator | <input type="checkbox"/> VG Administrator | |

Optional Section – Reason for Staff Departure:

- | | |
|--|---|
| <input type="checkbox"/> Internal Promotional Opportunity | <input type="checkbox"/> Interim Backfill |
| <input type="checkbox"/> Result of staff misconduct/ administrative action | <input type="checkbox"/> Hired Elsewhere (private practice, other agency, government, etc.) |
| <input type="checkbox"/> Left SUD Treatment Field | <input type="checkbox"/> Other |