

This application may be completed online and mailed to the address listed below OR email it to dhhs.healthcarefacilities@nebraska.gov.

**NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
LICENSURE UNIT
PO BOX 94986
LINCOLN NE 68509-4986**

NOTIFICATION OF FACILITY/SERVICE NAME CHANGE

CURRENT FACILITY/SERVICE NAME _____

LICENSE # _____

ADDRESS _____

NEW FACILITY NAME _____

EFFECTIVE DATE _____

Is this name change a result of a change of ownership? Yes No

If it is a change of ownership, additional documentation is required to be completed. Please contact the Department at (402) 471-2115.

ADDITIONAL COMMENTS:

FOR LICENSURE UNIT OFFICE USE ONLY

Change made in ACO: Initial _____ Date _____