

**Change of Administrator/Director of Nursing/Medical Director
Notification**

Facility Name_____

Facility Address_____

Facility License #_____

Submitted by:_____

In accordance with Title 175 NAC 12-006.01(6 & 7) and 12-006.04C1c, please fill out the information below and fax it to (402) 471-0555 or email it to dhhs.healthcarefacilities@nebraska.gov

Previous Administrator/DON_____

Service End Date_____

New Administrator/DON_____

Service Start Date_____

License #_____

Nebraska DHHS
Division of Public Health
Licensure Unit-Office of Long Term Care Facilities
PO Box 94986, 301 Centennial Mall South
Lincoln NE 68509-4986
PHONE (402) 471-3324