

Long-Term Care Facility Licensure

**CHANGE OF ADMINISTRATOR OR DIRECTOR OF NURSING NOTIFICATION FORM**

**\*\*Director of Nursing change notification is only required for Nursing Homes\*\***

Please check the box for the type of facility the change is occurring:

☐ Nursing Home (NH)                      ☐ Assisted Living Facility (ALF)                      ☐ Both

NH Facility Name (if applicable): \_\_\_\_\_

NH License Number (if applicable): \_\_\_\_\_

ALF Name (if applicable): \_\_\_\_\_

ALF License Number (if applicable): \_\_\_\_\_

Submitted by: \_\_\_\_\_

In accordance with Title 175 NAC 12 and Title 175 NAC 4, please fill out the information below and submit the completed form by email to: [dhhs.healthcarefacilities@nebraska.gov](mailto:dhhs.healthcarefacilities@nebraska.gov).

Please check the following box for the type of change it is:

☐ Administrator                      ☐ Director of Nursing (DON)

Previous Administrator/DON: \_\_\_\_\_

Service End Date: \_\_\_\_\_

License Number: \_\_\_\_\_

State License is Issued In: \_\_\_\_\_

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

Service Start Date: \_\_\_\_\_

License Number: \_\_\_\_\_

State License is Issued In: \_\_\_\_\_