

**Notification of Facility/Service
Name Change**

This form may be completed online and submitted by mail to the address listed above or emailed to dhhs.healthcarefacilities@nebraska.gov.

Current Facility/Service Name: _____

Facility License Number: _____

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.
Please contact the Department at (402) 471-3324 for more information.

Additional Comments: _____

FOR LICENSURE UNIT OFFICE USE ONLY

Change made in ACO: _____

Initial: _____ Date: _____