



STATE OF NEBRASKA – Department of Health and Human Services
Division of Public Health – Licensure Unit
P.O. Box 94669, Lincoln, NE 68509-4669

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

Facility Name: _____
Facility Address: _____
Facility License Number: _____
Submitted by: _____

In accordance with Title 175 NAC 12-006.04C1c, please fill out the information below and submit the completed form by email or fax to:

EMAIL: dhhs.healthcarefacilities@nebraska.gov
FAX: (402) 742-2398

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: _____