



ADMINISTRATOR OR DIRECTOR OF NURSING CHANGE

State Form 55444 (R / 4-18)

INDIANA STATE DEPARTMENT OF HEALTH - DIVISION OF LONG TERM CARE

PROVIDER SERVICES
INDIANA STATE DEPARTMENT OF HEALTH
DIVISION OF LONG TERM CARE
2 North Meridian Street, Section 4B
Indianapolis, IN 46204
Telephone: (317) 233-7794
Fax: (317) 233-7322
E-mail: ltproverservices@isdh.in.gov

The Indiana State Department of Health must be notified each time that a facility has a change in administrator or director of nursing. In the event of a change, complete this form and either fax or mail it to the Indiana State Department of Health at the above address.

If there are any questions please contact the Indiana State Department of Health using one of the above telephone numbers.

Name of facility	Facility number
Address (number and street, city, state, and ZIP code)	

Type of position change (check one):	
<input type="checkbox"/> New Administrator	<input type="checkbox"/> New Director of Nursing
Name of new Administrator / Director of Nursing	Date appointed (month, day, year)
License number	E-mail address

Name of previous Administrator / Director of Nursing	License number	Last date in position (month, day, year)
--	----------------	--