



CHANGE OF ADMINISTRATOR

Rule 64B10-11.012, F.A.C. – Within 48 hours of assuming or leaving a position as a nursing home administrator, assistant nursing home administrator or any change in the identity of the employing facility with the State of Florida, each licensee must inform the Department of Health, Board of Nursing Home Administrators, in writing of the exact date of assuming or leaving the position, or change in the identity of the facility.

- Administrator
 Assistant Administrator

Name: _____

Name of Nursing Home: _____

Physical Address of the Nursing Home:

(Street and Number) (City) (State) (Zip)

Telephone Number: _____

NHA License Number: _____

NHA Mailing Address:

(Street and Number) (Apt. #) (City) (State) (Zip)

Assuming Duties: _____
(Dates)

Termination of Duties: _____
(Dates)

(Signature) NHA or Asst NHA

(Date)

Mail: Department of Health
Board of Nursing Home Administrators
4052 Bald Cypress Way, Bin #C07
Tallahassee, Florida 32399-3257
(850) 245-4355
(850) 922-8876 Fax