

**AMENDMENT TO APPLICATION FOR A NURSING HOME  
 CHANGE OF ADMINISTRATOR OR DIRECTOR OF NURSING**

**Please fax the completed form to the appropriate office. The fax numbers are:**

**LANSING OFFICE**  
 Fax #: (517) 335-2096

**DETROIT OFFICE**  
 Fax #: (313) 456-0348

**GAYLORD OFFICE**  
 Fax #: (989) 732-5134

Reminder: the LTCPP will be updated to show that the old Administrator and Don will no longer have access to the old facility. In order to be provided access to the new facility they will need to submit another request to subscribe to the LTCPP for the new facility. We will also need the Administrator from the new facility to submit an authorization form for the Don to have access.

**Facility Information**

Facility Name:	Facility Telephone Number:
Address:	City & Zip Code:
Facility Number:	CMS CCN: <p style="text-align: center;"><b>23-</b></p>
Emergency Contact Person:	Phone Number:

In compliance with Public Act 368 of 1978 and rules governing the administration of Nursing Homes, I hereby notify you of the following amendment(s) of information on file with the Department;

**Administrator Information**

Previous Administrator:										Ending Date:	
New Administrator:							e-mail address:				
Address:							City, State, Zip				
License Number										Date Appointed:	
4	8										

**Change of Director of Nursing**

Previous Director of Nursing:							E-mail Address			Ending Date:	
New Director of Nursing:							E-mail Address				
Address:							City, State, Zip				
License Number										Date Appointed:	
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I certify that the information provided on this amendment is true, complete and accurate to the best of my knowledge.

\_\_\_\_\_  
 Signature of Authorized Representative

\_\_\_\_\_  
 Date