

CHANGE OF ADDRESS

Each licensed nursing home administrator shall notify the Board within fifteen (15) days following the relocation of either business or personal mailing address. The Board will assess a late fee if it is determined that the nursing home administrator failed to provide current contact information within this fifteen day requirement.

PLEASE NOTE

Late fee for failure to providing current contact information - \$75.00

PLEASE PRINT

Personal Change _____ Business Change _____

NAME: _____

First

Middle

Last

Street or Box # City State Zip

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Area Code Resident # Area Code Business #