



JEB BUSH, GOVERNOR

RHONDA M. MEDOWS, MD, FAAFP, SECRETARY

Division of Health Quality Assurance
Assisted Living Unit
Telephone: 850-487-2515

NOTIFICATION OF CHANGE OF ADMINISTRATOR

Name of Facility License # Telephone
Facility Street Address City County Zip Code

Signature of Owner/Authorized Agent

Date

Please provide the following information for the person to be designated as administrator:

Effective Date:

Name: Date of Birth: SSN:

Mailing Address: Phone: ()

Do you have a high school diploma ? Yes No G.E.D.?

Are you a licensed nursing home administrator pursuant to part II of chapter 468, F.S.?
Yes No License Number:

Will you be serving as the administrator of more than this ALF ? Yes No.
[Note: An administrator may manage a maximum of 3 ALFs.]

Name of Facility: License Number:

Name of Facility: License Number:

AHCA Form 3180-1006, January 2001



Affiliations - Please list the name(s) of any entity licensed by this state or another state to provide health or residential care with which the administrator has been affiliated through ownership or employment within the last 5 years. [Attach additional sheets if necessary.]

Name & Type of Facility/Service Entity: _____

Address: _____

Dates of Affiliation: _____ Employee? ____ Owner? ____ If owner % of ownership? _____

If the entity has closed or ceased to operate due to financial problems; had a receiver appointed; had its license denied, suspended, or revoked; was subject to a moratorium on admissions; or had an injunctive proceeding initiated against it please provide a detailed description and explanation of the occurrence. [Attach additional sheets if necessary.]

Adverse Action: __ Yes? __ No? If yes, description, explanation, and date of occurrence _____

References - Please provide two references of whom the agency may inquire as to the administrator's character, reputation, and financial responsibility:

Name	Address	Phone
_____	_____	_____
_____	_____	_____

Background Screening - Pursuant to § 400.4174, F.S., and rule 58A-5.019, F.A.C., all facility administrators are subject to Level 2 background screening. Please attach required screening form and fee.