



## 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