



Assisted Living Facilities NOTIFICATION OF CHANGE OF ADMINISTRATOR

AUTHORITY: In accordance with section 429.11(1), Florida Statutes (F.S.), each assisted living facility must identify the administrator of the facility and each facility that he/she currently operates. The law also provides disclosure of the administrator's social security number. The social security number will be used to secure the proper identification of the person listed on this notification.

ALF License #:			
Assisted Living Facility Name			Telephone Number
Street Address			Fax
City	County	State	Zip

Signature of Owner/Authorized Agent

Date

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

Effective Date of Change:			
Administrator Name		Social Security Number	Date of Birth
Mailing Address			Telephone Number
City	County	State	Zip

- A. Does the administrator have a high school diploma? YES NO GED?
Please attach a copy of the high school diploma or GED certificate.
- B. Is the administrator a licensed nursing home administrator pursuant to Chapter 468, Part II F.S?
 YES NO If yes, License Number: _____
- C. Will the administrator be serving as the administrator for more than this ALF? YES NO
NOTE: *An administrator may manage a maximum of 3 ALFs.*

If yes, please complete the following:

Name of Facility	License Number