



State of Alaska
 Department of Health - Division of Healthcare Services
 Health Facilities Licensing and Certification
State Licensure: Notice of Leadership Change



Pursuant to the AS 47.32 Licensing statutes and regulations of the Department of Health - Health Facilities Licensing this application is used for modifying leadership contact information for a previously submitted initial or renewal licensure application.

Complete the "Facility Demographic" section of this form and all other sections as appropriate.

Facility Demographic Information:

State Licensing Number: _____ Facility Type: _____

Legal Name: _____

Doing Business as: _____

New Leadership Information:

Position: _____ Effective Date of Hire: _____

Name: _____ Title: _____

Direct Phone Number: _____ Fax: _____

Direct Email: _____

Outgoing Leadership Information:

Position: _____ Effective Date of Separation: _____

Name: _____ Title: _____

ATTESTATION:

The applicant, or the person authorized to submit the application on behalf of an applicant, declares and certifies the contents of this application and the information provided with it are true, accurate, and complete. In addition, the applicant, or the person authorized to submit the application on behalf of an applicant, declares and certifies they have reviewed the regulatory requirements contained in 7 AAC 10.900 -990 (Barrier Crimes, Criminal History Checks, and Centralized Registry), 7 AAC 10.9500 -9535 (General Variance), 7 AAC 10.9600 - 9620 (Inspections and Investigations), the applicable requirements for facility type and the applicable requirements of 7 AAC 12.600 -990 (General Provisions).

The undersigned give assurance the facility is in compliance to the best of their knowledge.

Printed Administrator or Designee Name: _____ **Date:** _____

Signature of Administrator or Designee: _____

Submit this application and all required attachments via mail, hand delivered, faxed or email:

Health Facilities Licensing & Certification
 4601 Business Park Blvd., Bldg. K, Anchorage, AK 99503
Phone: (907) 334-2483 **Fax:** (907) 334-2682

Email: dhcs.hflc@alaska.gov