

Michigan Department of Community Health
Bureau of Health Systems
Division of Nursing Home Monitoring

**AMENDMENT TO APPLICATION FOR A NURSING HOME
CHANGE OF ADMINISTRATOR OR DIRECTOR OF NURSING**

Please submit your request to the appropriate office. The mailing address is listed below:

LANSING OFFICE

MDCH/BHS
Division of Nursing Home Monitoring
1808 W. Saginaw St
Lansing, MI 48915
Fax #: (517) 334-8473

DETROIT OFFICE

MDCH/BHS/DNHM
3026 W. Grand Blvd, Ste 11-150
P.O. Box 02981
Detroit, MI 48202
Fax #: (313) 456-0348

GAYLORD OFFICE

MDCH/BHS/Nursing Home Monitoring
Alpine Executive Center
400 W. Main Street, Ste S-108
Gaylord, MI 49735
Fax #: (989) 732-8958

Facility Information

Facility Name:	Facility Telephone Number:
Address:	City & Zip Code:
Facility Number:	CMS CCN: <p style="text-align: center;">23-</p>
Emergency Contact Person:	Phone Number:

In compliance with Public Act 368 of 1978 and rules governing the administration of Nursing Homes, I hereby notify you of the following amendment(s) of information on file with the Department;

Administrator Information

Previous Administrator:										Ending Date:
New Administrator:							e-mail address:			
Address:							City, State, Zip			
License Number										Date Appointed:
4	8									

Change of Director of Nursing

Previous Director of Nursing:										Ending Date:
New Director of Nursing:										
Address:							City, State, Zip			
License Number										Date Appointed:
4	7									

I certify that the information provided on this amendment is true, complete and accurate to the best of my knowledge.

Signature of Authorized Representative

Date