



## 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 requires the collection of the administrator's social security number.

### Facility Information

**ALF License #:**

Assisted Living Facility Name		Telephone Number	
Street Address		Fax	
City	County	State	Zip
Email Address			

### New Administrator Personal Information

**Effective Date of Change:**

Administrator Name		Social Security Number	Date of Birth
Mailing Address	Email Address		Telephone Number
City	County	State	Zip

**NOTE:** Pursuant to Section 408.809, Florida Statutes, all facility administrators are subject to Level 2 background screening. Please review the information available at: [http://ahca.myflorida.com/MCHQ/Central\\_Services/Background\\_Screening/](http://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/)

A. Is the administrator a licensed Nursing Home administrator Pursuant to Chapter 468, Part II Florida Statutes?  
 YES     NO    If Yes, License Number: \_\_\_\_\_

B. Does the administrator have a high school diploma or GED certificate?     YES     NO     GED  
**Please attach a copy of the high school diploma or GED certificate.**

C. Is the administrator Core Trained?  YES  NO  
If Yes, Provide ID Number: \_\_\_\_\_

D. 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

\_\_\_\_\_  
PRINT the Name of Licensee or Authorized Representative

\_\_\_\_\_  
Signature of Licensee or Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Send completed forms to: Agency for Health Care Administration, Assisted Living Unit, 2727 Mahan Drive, Mail Stop 30, Tallahassee, FL 32308 or email completed forms to: [assistedliving@ahca.myflorida.com](mailto:assistedliving@ahca.myflorida.com)**

**Questions?**

Review the information available at <http://ahca.myflorida.com/>

or contact the Assisted Living Unit at:

Phone: (850) 412-4304

Fax: (850) 922-1984

Email: [assistedliving@ahca.myflorida.com](mailto:assistedliving@ahca.myflorida.com)