



Staff Change Notification Form

President – CEO
 Director of Nursing (DON)
 Staff Education Manager

Complete and submit this form within 30 days of administrative staff changes.

Trauma Medical Director
 Trauma Nurse Manager/Coordinator
 Trauma Registrar

Complete and submit immediately regarding trauma staff changes

Submit form to:

Kansas Department of Health and Environment
 Kansas Trauma Program
 Attention: Ren Morton
 1000 SW Jackson, Suite 340
 Topeka, Kansas 66612
 Email: ren.morton@ks.gov
 Fax: 785-559-4248

Administrative Staff Changes:

Position	<input type="checkbox"/> President/CEO	<input type="checkbox"/> DON	<input type="checkbox"/> Staff Education Manager
Name			
Title			
Credentials			
Hospital			
Phone			
Email			

Position	<input type="checkbox"/> President/CEO	<input type="checkbox"/> DON	<input type="checkbox"/> Staff Education Manager
Name			
Title			
Credentials			
Hospital			
Phone			
Email			

Trauma Program Staff Changes:

Position	<input type="checkbox"/> Trauma Medical Director <input type="checkbox"/> Trauma Program Manager/Coordinator <input type="checkbox"/> Trauma Registrar
Name	
Title	
Credentials	
Hospital	
Phone	
Email	

Position	<input type="checkbox"/> Trauma Medical Director <input type="checkbox"/> Trauma Program Manager/Coordinator <input type="checkbox"/> Trauma Registrar
Name	
Title	
Credentials	
Hospital	
Phone	
Email	

Position	<input type="checkbox"/> Trauma Medical Director <input type="checkbox"/> Trauma Program Manager/Coordinator <input type="checkbox"/> Trauma Registrar
Name	
Title	
Credentials	
Hospital	
Phone	
Email	