



NOTIFICATION OF CHANGE IN PROGRAM DIRECTOR

PLEASE NOTE: If your facility currently uses the KDHE Online Application Portal, please login online and submit a "Modify Affiliate" application to make the Program Director change making sure you have only ONE Program Director listed. If this change is submitted online, please do not submit this form.

*** ALL boxes below must be completed to process the Program Director Change ***

Name of facility exactly as stated on the license.			License #	
Street Address of Facility	City	Zip Code	County	

NEW PROGRAM DIRECTOR INFORMATION

First and Last Name		KDHE Certificate # (if applicable)	
Effective date as the new Program Director (MM/DD/YYYY)	Qualified for a total capacity of	Total facility capacity	
Is the new Program Director currently affiliated with this facility? YES _____ *NO _____			
*If NO, a KBI/DCF form is required to be completed and attached to this form.			

CURRENT OR PREVIOUS PROGRAM DIRECTOR INFORMATION

First and Last Name	Still employed at the facility? *YES _____ NO _____ If YES, what is their new role (ex. Employee, Assistant Director, etc.)
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Signature of Authorized Person	Date Signed (MM/DD/YYYY)
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