LOUISIANA DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services

KEY PERSONNEL CHANGE FORM

This form must be signed by the proposed employee and the administrator.

Legal Entity Name: **Agency DBA Name:**	**Provider License #:**
Address: **City, State, Zip:**	**Provider CMS ID if applies#:**
Telephone Number:	**Administrator's Email Address:**
Fax Number:	**Proposed Employee's Email Address (if available):**

Circle the Position that is changing (Please circle only those appropriate to the Provider Type):

☐ **Administrator** (the person with overall responsibility for administrative functions)

☐ **Director of Operations** (the person responsible for the day-to-day operating functions)

☐ **Medical Director** (the physician providing oversight of the clinical operations – if applicable)

☐ **Other**:_____

Name of previous employee in this position: _____

Name of proposed employee for this position: _____

Effective Date of Change: _____/_____/_____

Verification Date of Current LA Professional License: _____/_____/_____

Please enter the date on which the agency verified the current professional licensure of the proposed employee, *if licensure is a requirement for the position.* The date should precede the effective date of change.

Attestations of Compliance

We hereby certify that the proposed employee listed herein meets all state and federal requirements set forth by the Louisiana Department of Health, Office of Public Health, Bureau of EMS and any other regulatory agency applicable to the Provider Type, to function in the role indicated. We further understand that it is the responsibility of the administrator to ensure that the agency maintains compliance with state and federal regulations on an ongoing basis. The Louisiana Department of Health, Office of Public Health, Bureau of EMS will be promptly notified of any changes to Key Personnel.

Printed Name of Proposed Employee	Signature of Proposed Employee	Date (mm/dd/yy)
Printed Name of Administrator	Signature of Administrator	Date (mm/dd/yy)

Bureau of EMS
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