

Other (Title): _____ AHCA user: _____ Password: _____

DON **Administrator** **Alt. Adm.** **Change:** Effective Date: _____ \$150.00
(NR or Non Skilled Agencies)

AHCA: * Please save the document in your computer, using Adobe Reader type the info, and then email to us
Agency: _____ \$ 225.00
(PD or Medicare Agencies)
* use proper capitalization

Lic: _____ NPI: _____ Medicare MC #: _____ Medicaid MA #: _____

Issue date: _____ Exp Date: _____ Issue Date: _____

Address: _____

Phone: _____ fax: _____ * do not print the form

Tax ID: _____ email _____

Contact Person: _____

New **DON** **Administrator** **Alt. Adm.:** Other: _____

Name: _____ Lic #: _____ email: _____

Home

Address: _____

Full or Part Time: _____ DOB: _____ % interest: _____

Phone: _____ Date last criminal background: _____

Administrator Name: _____

**** Add to staff record: Resume (with 1 year experience supervision, copy of License, and letter stated the change date)
(DO NOT EMAIL to us) Complete orientation in new position.**

Incorporation Date: _____ Accreditation body: _____ Date: _____ Expiration: _____

New **DON** **Administrator** **Alt. Adm.:**

SS #: _____ % Ownership Interest: _____ N/A

Born Province: _____ Country: _____

Old **DON** **Administrator** **Alt. Adm.** Alt. DON

Name: _____ Delete Date: _____

SS #: _____ DOB: _____

Born Province: _____ Country: _____

CLIA#*: _____ Hours of operations: _____ am to _____ pm

* only for DON Change
Agency Glucomer (brand/model): _____

Test strip (brand/model): _____

Lancets brand/model: _____

Any changes:
DON Lic #: _____ Administrator Lic # (if applicable): _____ Alt. Adm Lic #: _____
Alt. DON Lic #: _____ (if applicable)

* Remember to update the information in the Clearinghouse.

* Please save the document in your computer, using Adobe Reader type the info, and then email to us

info@pnssystem.com

