



**KANSAS DEPARTMENT ON AGING
LICENSURE, CERTIFICATION, AND EVALUATION COMMISSION**

NOTIFICATION OF CHANGE OF ADMINISTRATOR OR OPERATOR

A notice of change in *administrator* must be accompanied by check, money order or Discover/Novus card payment authorization payable to the **Kansas Department on Aging** for \$15 as required under KSA 39-930. Use of approved credit card entails a convenience fee of 2.5%. A change of *operator* does not require a fee.

_____ ADMINISTRATOR (\$15 FEE) OR _____ OPERATOR (NO FEE)

Name and Address of Facility:

Name and Address of new Administrator or Operator:

E-Mail Address of new Administrator or Operator:

Facilities where employed as Administrator/Operator in past three years:

Kansas Administrator's License Number: _____

Effective Date of new Administrator/Operator: _____

(mm/dd/yy)

OPERATOR MUST ATTACH A COPY OF CERTIFICATION FROM COURSE APPROVAL

The following is the legal signature and title of the individual authorized to represent the governing body, corporation, partnership, joint venture, individual, or organization in the operation of the facility.

Signature

Date (mm/dd/yy)

Printed Name

Title