



# Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000

**Governor Sarah Huckabee Sanders**

**Renee Mallory, RN, BSN, Secretary of Health**

**Jennifer Dillaha, MD, Director**

## Hospital Administration/Trauma Staff Change Notification Form

Complete and submit within 30 days regarding administrative staff changes including the President, Chief Executive Officer, Chief Operations Officer, and Administrator (new hire, position vacancy, position elimination or other changes).

Complete and submit immediately regarding trauma staff changes including the Trauma Medical Director, Trauma Nurse Coordinator, Trauma Program Manager and Registrar (new hire, position vacancy, position elimination or other changes).

**Submit by mail or fax:**

**Arkansas Department of Health  
OPERS - Trauma Section  
4815 West Markham Street, Slot 4  
Little Rock, AR 72205  
Fax: (501) 280-4729**

### Administrative New Hire

Hire Date \_\_\_\_\_

**President**

**Chief Executive Officer**

**Chief Operations Officer**

**Administrator**

<b>First Name</b>		<b>Last Name</b>	
<b>Hospital</b>			
<b>Degrees/Credentials</b>			
<b>Position/Job Title</b>			
<b>Phone</b>	<b>Fax</b>	<b>E-mail</b>	
<b>Comments:</b>			

<b>First Name</b>		<b>Last Name</b>	
<b>Hospital</b>			
<b>Degrees/Credentials</b>			
<b>Position/Job Title</b>			
<b>Phone</b>	<b>Fax</b>	<b>E-mail</b>	
<b>Comments:</b>			

**Trauma Center New Hire**

Hire Date \_\_\_\_\_

Trauma Medical Director

Trauma Nurse Coordinator

Trauma Program Manager

Registrar

<b>First Name</b>		<b>Last Name</b>	
<b>Hospital</b>			
<b>Degrees/Credentials</b>			
<b>Position/Job Title</b>			
<b>Phone</b>	<b>Fax</b>	<b>E-mail</b>	
<b>Comments:</b>			

<b>First Name</b>		<b>Last Name</b>	
<b>Hospital</b>			
<b>Degrees/Credentials</b>			
<b>Position/Job Title</b>			
<b>Phone</b>	<b>Fax</b>	<b>E-mail</b>	
<b>Comments:</b>			

**Other Changes**

Position Vacancy

Position Elimination

Position Change

Other

<b>First Name</b>		<b>Last Name</b>	
<b>Hospital</b>			
<b>Degrees/Credentials</b>			
<b>Position/Job Title</b>			
<b>Phone</b>	<b>Fax</b>	<b>E-mail</b>	
<b>Comments:</b>			

<b>First Name</b>		<b>Last Name</b>	
<b>Hospital</b>			
<b>Degrees/Credentials</b>			
<b>Position/Job Title</b>			
<b>Phone</b>	<b>Fax</b>	<b>E-mail</b>	
<b>Comments:</b>			