Massachusetts Department of Public Health   
Bureau of Substance Addiction Services   
**KEY PERSONNEL CHANGE REPORTING FORM**   
Please fax the completed form (no cover sheet is necessary) to the secure eFax: 617-887-8787

Instructions:

* Per 105 CMR 164.035(F) please notify DPH/BSAS **at least two weeks prior to** a planned change or **within two business days** of an unplanned change of the following key personnel,
* Attach a **resume** of the replacement and **interim coverage plan** as needed,
* Indicate **all BSAS license and approval numbers** impacted by the key personnel change.

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| **License(s)/ Approval(s) #:** | Date of Report: |
| Agency Name: | Program Name: |
| Program Address: | |
| Reporter Name & Title: | Reporter Contact: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Outgoing Staff Information** | | | |
| Outgoing Staff Name: | | Last Day: | |
| **Outgoing Staff Role** | | | |
| Program Director | Clinical Supervisor/ Clinical Director | | Medical Director |
| Nursing Director | Executive Director | | President/Chairperson |
| Access Coordinator | HIV/AIDS Coordinator | | Tobacco Education Coordinator |
| License Administrator | VG Administrator | |  |

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| **Incoming Staff Information** | | | |
| Permanent  Interim | |  | |
| Incoming Staff Name: | | Start Date: | |
| Email Address: | | Phone Number: | |
| **Incoming Staff Role** | | | |
| Program Director | Clinical Supervisor/ Clinical Director | | Medical Director |
| Nursing Director | Executive Director | | President/Chairperson |
| Access Coordinator | HIV/AIDS Coordinator | | Tobacco Education Coordinator |
| License Administrator | VG Administrator | |  |

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| **Optional Section – Reason for Staff Departure:** | |
| Internal Promotional Opportunity | Interim Backfill |
| Result of staff misconduct/ administrative action | Hired Elsewhere (private practice, other agency, government, etc.) |
| Left SUD Treatment Field | Other |