

SUBJECT: **NOTIFICATION OF PERSONNEL CHANGE FORM
HOSPITAL PROGRAMS**

REFERENCE NO. 621.2

HOSPITAL PROGRAMS

Organization's Name: _____

Effective Date: _____

[] Personnel Change

- Chief Executive Officer (CEO)
- ED Medical Director
- ED Nurse Manager/Director
- Base Hospital Medical Director
- Prehospital Care Coordinator (PCC)
- Trauma Medical Director
- Trauma Program Manager
- EDAP Medical Director
- Pediatric Liaison Nurse (PdLN)
- EDAP Pediatric Consultant
- PMC Medical Director
- PMC Nurse Coordinator
- PICU Nurse Manager
- Disaster Coordinator/Emergency Management Officer (EMO)
- Trauma Surge Coordinator
- Stroke Medical Director
- Stroke Program Manager
- SRC Medical Director
- SRC Program Manager
- SART Program Director
- SART Program Medical Director
- SART Program Nurse Coordinator
- Alternate Destination EMS Liaison
- Alternate Destination Administrator

Change Name From: _____

Change Name To/Add: _____

[] Change Contact Numbers

Telephone

E-mail address

Cellular Number/Page Number

Fax

Telephone: Disaster Command Post

Fax: Disaster Command Post

Name of person completing form

Title

Date
