

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

REFERENCE NO. 621.2

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**HOSPITAL PROGRAMS**

Organization's Name: \_\_\_\_\_

Effective Date: \_\_\_\_\_

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**[ ] Personnel Change**

- ☐ Chief Executive Officer (CEO)
- ☐ ECPR Medical Director
- ☐ ECPR Program Manager
- ☐ 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)
- ☐ PMC Medical Director
- ☐ PMC Nurse Coordinator
- ☐ 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:** \_\_\_\_\_

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**[ ] Change Contact Numbers**

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Cellular Number/Page Number

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Telephone: Disaster Command Post

\_\_\_\_\_  
Fax: Disaster Command Post

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\_\_\_\_\_  
Name of person completing form

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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