

Change of Administrator

Complete all the following information.

Health Facility Identification Number (HFID)/OpenGov ID: _____

CMS Certification Number (CCN), if applicable: _____

Facility name (doing business as): _____

Facility address: _____

Name of previous Administrator: _____

Name of new Administrator*: _____

Direct Email Address: _____

Direct Phone Number: _____

Effective date of change: _____

** Administrator is the person responsible for the operation of the facility/agency.*

Email** to receive correspondences from MDH: _____

☐ Check here if email is the same as the Administrator.

*** The Nurse Aide Registry (NAR) key code is also sent to this email address. If the email is a staff-managed shared email, the key code should be passed to the Administrator as soon as it is sent.*

Next Steps

- Email completed form to health.hrd-fedlcr@state.mn.us.
- If deemed status, the provider notifies the accrediting organization.
- For nursing homes and certified boarding care homes, the Federal LCR team notifies the NAR team at health.fpc-nar@state.mn.us to deactivate the previous Administrator's access to the facility in the NAR system.

Affirmation

☐ I certify that the information provided on this form is accurate and complete.

Signature of Administrator/Authorized Agent: _____

Name (print or type): _____

Title: _____

Date: _____

CHANGE OF ADMINISTRATOR REQUEST

Minnesota Department of Health
Health Regulation Division | Federal Licensing, Certification and Registration (LCR) section
P.O. Box 64900
St. Paul, Minnesota 55164-0900
651-201-4200
Health.HRD-FedLCR@state.mn.us

05/22/2025

If you have questions, please email Health.HRD-FedLCR@state.mn.us or call 651-201-4200.