



Behavioral Health Agencies
P.O. Box 47877
Olympia, WA 98504-7877
360-236-4700

Revenue: 0597649550

Administrator Change Notification Form Behavioral Health Agency Service Provider

Name of Agency:		
Credential Number		
As the newly appointed Administrator of the above agency, I affirm that I am responsible for the day-to-day operation of the agency's provision of certified behavioral health treatment services as of the date I was appointed Administrator. WAC 246-341-0410		
New Administrator Name:		Title:
New Administrator Signature		Date of Signature
Date Appointed:	Administrator's Email:	Administrator's Telephone:
Printed Name of Governing Body Member Submitting Form:		Title:
Signature:		Date of Signature:
Mailing Address:		
City	State	Zip Code
Email:	Phone:	Fax:
<p>Within 30 days of the Administrator's appointment, send the following to the address listed above WAC 246-341-0400; WAC 246-341-0300:</p> <p><input type="checkbox"/> This completed form.</p> <p><input type="checkbox"/> Criminal background check results, completed by Washington State Patrol within the previous three months of the notification application date and within 30 days of the change.</p>		