



**ESRD Network of Texas, Inc (#14)
Notice of Change in Key Personnel**

Provider # 45- _____ OR 67- _____

Facility NPI # _____

Facility Name: _____

City: _____

PLEASE NOTE:
Any position that does not apply to your facility mark as: N/A

TYPE OR PRINT

Position	Name <i>Last, First</i>	Credentials	E-Mail
Medical Director*: Physician responsible for facility as a whole.		Medical Director UPIN #: _____	
Administrator/CEO: Responsible for facility as a whole.			
DON/Head Nurse*: Registered Nurse responsible for clinical data collection and for supervising facility nursing staff.			
PD Nurse Coordinator: Registered Head Nurse responsible for the peritoneal dialysis unit.			
Data Contact: Responsible for the completion of all CMS Data forms; person to be contacted for corrections.			
Facility Rep: Individual designated by the facility as the voting representative of the Network Council.			
Social Worker*: Facility Social Worker; person to be contacted for questions and concerns.			
Dietitian: Facility Dietitian; person to be contacted concerning ESRD dietitian questions and concerns.			
Survey (2744) Rep: Responsible for the completion of the CMS annual facility survey.			
Network Patient Rep: Patient designated by the facility to serve as a primary liaison between the facility's patients & Network #14.			
Facility Disaster Coordinator*:			
Alternate Disaster Coordinator*: Person responsible for facility during any disaster			

* Position required by CMS to be reported to ESRD Network.

Complete and return to ESRD Network by fax at 972-503-3219 whenever a change in key personnel occurs.

Date: _____ Prepared by: _____ Title: _____