

## Staff Change Notification Form



NC Breast and Cervical Cancer Control Program  
NC WISEWOMAN Program  
Health Directors, Nursing Directors,  
Nursing Supervisors, BCCCP Navigators,  
WISEWOMAN Coordinators, Health Educators, Finance Staff

Complete and submit within 30 days of a status change with any Health Director, Nursing Director, Program Director, Nursing Supervisor, BCCCP Navigator, WISEWOMAN Coordinator, Health Educator, or Finance staff position (new hire, position vacancy, position elimination, and/or other changes).

Email completed form to your nurseconsultant or fax to (919) 870-4812.

Please provide a dedicated BCCCP email address or contact information for the designated essential point of contact for your agency.

Provider's dedicated BCCCP email address or designated point of contact:

Need membership on email distribution list for:

Health Director	BCCCP Navigator	Interim	Effective Date: _____
Nursing Director	WISEWOMAN Coordinator	Finance	
Nursing Supervisor	Health Educator		

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Degrees/Credentials \_\_\_\_\_

Position/Job Title \_\_\_\_\_

Agency \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Name of staff person who previously held this position \_\_\_\_\_

### Other Change

Position Vacancy       Position Elimination      Effective Date: \_\_\_\_\_  
 Position Change       Other: \_\_\_\_\_

Comments: \_\_\_\_\_