

# Staff Change Notification Form



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

Please complete and submit within 30 days of a status change with any Program Director, Supervisor, Navigator, Coordinator, or Educator position (new hire, position vacancy, position elimination, or other changes).

**Please provide a generic e-mail address for your agency if you haven't done so already.**

Submit by mail or fax:

DHHS/Division of Public Health  
Cancer Prevention and Control Branch  
BCCCP/WISEWOMAN  
1922 Mail Service Center  
Raleigh, NC 27699-1922  
Fax: (919) 870-4812

### Need membership on e-mail distribution list for:

- |                          |                    |                          |                 |                          |         |                         |
|--------------------------|--------------------|--------------------------|-----------------|--------------------------|---------|-------------------------|
| <input type="checkbox"/> | Health Director    | <input type="checkbox"/> | BCCCP Navigator | <input type="checkbox"/> | Interim | Effective Date<br>_____ |
| <input type="checkbox"/> | Nursing Director   | <input type="checkbox"/> | WW Coordinator  |                          |         |                         |
| <input type="checkbox"/> | Nursing Supervisor | <input type="checkbox"/> | 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

- |                          |                  |                          |                      |                         |
|--------------------------|------------------|--------------------------|----------------------|-------------------------|
| <input type="checkbox"/> | Position Vacancy | <input type="checkbox"/> | Position Elimination | Effective Date<br>_____ |
| <input type="checkbox"/> | Position Change  | <input type="checkbox"/> | Other                |                         |

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