

## 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, Finance Staff

Please complete and submit within 30 days of a status change with any Health Director, Nursing Director, Program Director, Nursing Supervisor, BCCCP Navigator, WW Coordinator, Health Educator, or Finance staff position (new hire, position vacancy, position elimination, and/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:

**NC 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:**

Health Director	BCCCP Navigator	Interim	Effective Date
Nursing Director	WW 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**

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

**Comments:**