



**Missouri Department of Health and Senior Services**

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RELAY MISSOURI for Hearing and Speech Impaired and Voice dial: 711



**Paula Nickelson**  
Director

**Michael L. Parson**  
Governor

***Bureau of Ambulatory Care - Change of Administrator Form***

(This form is **only** for Ambulatory Surgery Centers & End Stage Renal Disease Facilities use)

Facility Name & Address:

Facility Phone Number:

CMS Number:

Previous Administrator:

New Administrator:

New Admin. Phone:

New Admin. Email address:

Effective date:

Please send the completed form to:

[BAC@health.mo.gov](mailto:BAC@health.mo.gov)