

**VPK Provider Change of Director**

**Complete this form and follow the instructions for faxing to the Provider Services Department immediately**

**Provider Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Effective date as shown on new or provisional DCF license:** \_\_\_\_\_

**Previous Director's name:** \_\_\_\_\_

**New Director's name:** \_\_\_\_\_

**Printed name and signature of Program Owner:** \_\_\_\_\_  
\_\_\_\_\_

**For VPK transition to your new director, submit the following documents to:**

**Alecia Coitrone, Provider Contracts Coordinator – fax (386) 323-2426  
Telephone (386) 323-2400 ext. 186**

**Jenni Riccio, Provider Contracts Coordinator – fax (386) 323-2426  
Telephone (386) 323-2400 ext. 139**

- | <u>Initial</u> | <u>Form submitted</u>   |
|----------------|---|
| _____          | Action Plan (if DCF issues a Provisional License due to the status of the new director's credentials or the efforts being made to employ a new director, ELCFV will execute Provisional Approval status. The Provider must submit a signed Action Plan stating the steps being taken and the time frames for meeting the compliance requirement of Director.) |
| _____          | Provisional DCF License   |
| _____          | New DCF License (when DCF issues an official license, the license and each of the following documents must be submitted with this form)   |
| _____          | New AWI VPK 10 form   |
| _____          | New AWI VPK 11 form (if original VPK 11 had been signed by previous Director)   |
| _____          | New AWI VPK 20 Provider Agreement (if original Provider Agreement had been signed by the previous director)   |
| _____          | New Director's Director Credential – must include VPK Endorsement if Director Credential was issued after 12/31/2006  |
| _____          | New Director's Full Level II Background (Local, FDLE, FBI, Affidavit of Good Moral Character)   |