

VPK Provider Name Change

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

Provider Name: _____ **Date:** _____

Effective date as shown on new DCF License: _____

Previous name: _____

New name: _____

Printed name and signature of Program Owner: _____

For VPK transition to your new name, 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**

Initial Form submitted

_____ New AWI VPK 10 form

_____ New AWI VPK 11 form

_____ New AWI VPK 20 Provider Agreement

_____ New DCF License

_____ New Accreditation/Gold Seal certificate (if applicable)

_____ New Certificate of Insurance

_____ New Payment Selection form (voided check must show the new Provider name)

_____ New W-9 form