

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 (per class)
_____	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, Attestation of Good Moral Character)