



NOTIFICATION OF ADDRESS/EMPLOYER CHANGE(S)

Case # _____ Participant Name: _____

It is your responsibility to keep IPN informed of your current address and phone number and any change in **employer, nursing school and/or volunteer nursing status**. Notify and obtain approval from IPN prior to starting employment, nursing school and/or volunteer nursing or making any changes in any healthcare related position. If you fail to provide IPN with pertinent changes, or IPN is not able to communicate with you, it may result in contract termination from the IPN and a report to the Florida Board of Nursing. Please complete the applicable portion of the form below. You are also required to submit a signed Consent for Release of Confidentiality form for each supervisor. This form must be received five (5) business days prior to the start of employment, nursing school clinical and/or volunteer nursing

Please duplicate this form prior to use

Change of Home Address

Effective: _____ New phone: _____ Circle one: Cell/Home
New Address: _____
City _____ State _____ Zip _____ County _____

Change of Employment/Supervisor/Nursing School Clinical/ Volunteer Nursing Position

Employment/School/Volunteer Position (Start Date): _____
Facility: _____
Mailing Address: _____
City _____ State _____ Zip _____ County _____
Street Address: _____
City _____ State _____ Zip _____ County _____
Contact person: _____ Phone# _____
Immediate Supervisor: _____ Credentials: _____
Supervisor Title: _____ Phone: _____
Supervisor e-mail: _____ If no email check here _____
Secondary Supervisor Name/Credentials: _____
My position: _____ Unit: _____ Shift: _____
Area of practice: _____
My supervisor was informed of my IPN participation on: _____
to reach you at work: _____
My last day at previous employment: _____