



NOTICE TO CHANGE CENTER'S NAME OR CONTACT PERSONS

Center Name: _____

City: _____

State/Country: _____

Please check boxes for the sections that apply and provide the requested information. The form must be signed by an authorized agent and submitted on CPQCC letterhead.

Change in Center's Name
Former Name of Center: _____
New Name of Center: _____

Change in Report Contact
Former Report Contact: _____

New Report Contact: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

NOTE: The New Report Contact must be a member of the Center's committee relating to peer review or quality improvement activities.

Change in Web Services Administrator for Center
Web Services Administrator to be removed (if applicable): _____

New Web Services Administrator (if applicable): _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

***Signature by an authorized agent of " " is required below.**

Signature of authorized agent

Print Name and Title

Date

CPQCC authorizes VON to make the changes in its records specified on this form and agrees that such changes shall be considered an amendment to the agreements between VON and CPQCC.

***Signature by an authorized agent of "CPQCC" is required below.**

Signature of authorized agent

