



**NOTICE OF CHANGE FOR  
HANSEN'S DISEASE PROGRAM (HD) PERSONNEL**

**Texas Department of State  
Health Services**

**Submit no later than the 5<sup>th</sup> of each month**

Submit to DSHS Central Office

Month/Day/Year of Change

Local Health Department

Health Service Region

Name of person filling out this form

Phone Number

**Check all that apply:**

NEW HIRE

NAME CHANGE

RETIREMENT

TERMINATION

NEW FTE

RECLASSIFICATION

TRANSFER

RESIGNATION

PROMOTION

OTHER(SPECIFY)

**Change in Personnel Information**

Name/Title

Contact Address

Phone

Email

Dates of most recent NHDP training\* (planned or attended)

Date of hire/start date as HD Program staff

Role in the HD clinic

***\*Licensed/clinical staff are required to attend; attach CV/Resume and license as applicable***