



## Tennessee *Professional Assistance Program*

545 Mainstream Drive • Suite 414 • Nashville, TN 37228

Phone 615-726-4001 • Fax 615-726-4003

[www.tnpap.org](http://www.tnpap.org)

It is your responsibility to keep TnPAP informed of your current address and phone number and any change in employer status. Any changes must be reported to the TnPAP case manager within 10 days. If you fail to provide TnPAP with pertinent changes, or TnPAP is not able to communicate with you, your status with TnPAP is jeopardized and may result in dismissal from the TnPAP and a report to the TN Board of Nursing.

### Notification of Name, Address or Employer Change(s)

Please provide your **new** information:

First Name		Last Name	
Street address			
City		State	
		Zip	
		County	
Work phone		Home phone	
Fax		E-mail address	
Social Security Number			

Please provide your former information:

First Name		Last Name	
Street address			
City		State	
		Zip	
		County	

### Any change of Employment/Supervisor

Employer: \_\_\_\_\_

Contact person: \_\_\_\_\_ Title \_\_\_\_\_ Phone: [   ] \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

My position: \_\_\_\_\_ My Unit: \_\_\_\_\_ My work hours: \_\_\_\_\_

My supervisor was informed of my TnPAP participation on: \_\_\_\_\_

When will this new information become effective? \_\_\_\_\_

**Submit to your case manager.**