

SUCCESS PAYS™

Change in Primary Contact Information Form

Organization Name

Requested Effective Date of Change

Organization ID #

NEW PRIMARY CONTACT INFORMATION

One individual is required to be designated as the Primary Contact Person for your organization's Success Pays Program. Please provide the following information:

Name (including credentials)

Title

Address (with any special room or building instructions)

City

State

Zip Code

Phone Number

Email Address

Signature of New Primary Contact Person Listed Above

Note: Electronically submit this completed form to Certification@ana.org with the subject line "Success Pays - Change in Primary Contact Information."