

Date

Organization Update Form

Please provide all updates to ensure the Magnet Program Office has the most accurate information for your organization. Upon completion of this form, please follow the submission instructions below.

Organization's Legal Name		
Organization's Address		
City, State Zip Code		

Select all applicable updates

Organization Name Change	
Effective Date:	
Former Name:	
New Legal Name:	
Was your organization's name changed due to a merger?	Yes No

CNO	
Effective Date:	
Current CNO:	
Title:	
Credentials:	
Office Number:	
Email:	
Executive Assistant:	
Email:	
Office Number:	
Previous CNO:	

❖ *New CNOs should attach an updated curriculum vita reflecting their new role.*

MPD	
Effective Date:	
Current MPD:	
Title:	
Credentials:	
Office Number:	
Email:	
Executive Assistant:	
Email:	
Office Number:	
Previous MPD:	

Additional Information: *If the CNO's or MPD's office address differs from the organization's, please add it here.*

To submit your information, please download this form and email it to magnetops@ana.org. Please add your organization's name and state to the Subject line, and if applicable, attach the CNO's CV.