

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 ❖ Remember to update the Email sections below, if your email address has or will change. | | |
| Effective Date: | | |
| Former Name: | | |
| New Legal Name: | | |
| Was your organization’s name changed due to a merger ? | Yes | No |
| | | |

| | |
|--|--|
| CNO ❖ New CNOs should attach an updated curriculum vita reflecting their new role. | |
| Effective Date: | |
| Current CNO: | |
| Title: | |
| Credentials: | |
| Office Number: | |
| Email: | |
| Executive Assistant : | |
| Email: | |
| Office Number: | |
| Previous CNO Check here to remove from the MLC. | |

| | |
|---|----------|
| MPD | |
| Effective Date: | |
| Current MPD: | |
| Title: | |
| Credentials: | |
| Office Number: | |
| Email: | the MLC. |
| Executive Assistant: | |
| Email: | |
| Office Number: | |
| Previous MPD Check here to remove from the MLC | |

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.

