Commonwealth of Massachusetts Board of Registration in Nursing

244 CMR 6.04 (1)(f) Notification of Change in Chief Executive Officer of The Parent Institution

Relevant Regulations at 244 CMR 6.04

(1)(f) The Board shall be notified immediately in writing of a change in administrative personnel within the program, or a change in the Chief Executive Officer of the parent institution, or both.

Please complete ALL of the following sections.

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Parent Institution Information			
Date:			
Parent Institution:			
Address:			
City, State, Zip:			
Chief Executive Officer			
Name and Credentials:			
Email:			
Nursing Education Progra	am Information		
Nursing Education Program:			
Address:			
City, State, Zip:			
Program Administrator:			
Email:			
Nursing Program Type:	☐ Associate Degree		
3 3 7.	☐ Direct Entry Master's	□ Diploma	
	☐ Baccalaureate	☐ Practical	
	Baccalaarcate	_ radioal	
Nove Doront Institution Ch	inf Evenutive Officer		
New Parent Institution Ch	TEXECUTIVE Officer		
First Name:			
Last Name:			
Credentials:			
Position Title:			
New Parent Institution Ch	ief Executive Officer		
Contact Information			
Telephone:			
Fax:			
Email:			
	•		
Effective Date			
Month/Date/Year:			
Signature:			

Date	