Commonwealth of Massachusetts Board of Registration in Nursing

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

Relevant Regulations at 244 CMR 6.04

(1)(k) The program shall, within seven business days, notify the Board 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.

Month/Date/Year: Signature:

| icase complete ALL of the | Tollowing Scotlons. | | |
|---|-------------------------|-------------|--|
| Parent Institution Inform | ation | | |
| Date: | | | |
| Parent Institution: | | | |
| Address: | | | |
| City, State, Zip: | | | |
| Chief Executive Officer | | | |
| Name and Credentials: | | | |
| Email: | | | |
| | | | |
| Nursing Education Prog | ram Information | | |
| Nursing Education Program | | | |
| Address: | | | |
| City, State, Zip: | | | |
| Program Administrator: | | | |
| Email: | | | |
| Nursing Program Type: | ☐ Associate Degree | | |
| | ☐ Direct Entry Master's | ☐ Diploma | |
| | ☐ Baccalaureate | □ Practical | |
| | | | |
| New Parent Institution C | hief Executive Officer | | |
| First Name: | THE EXCEUTIVE OFFICE | | |
| Last Name: | | | |
| Credentials: | | | |
| Position Title: | | | |
| FOSITION LINE | | | |
| Position ritle. | | | |
| | biof Executive Officer | | |
| New Parent Institution C | hief Executive Officer | | |
| New Parent Institution C Contact Information | chief Executive Officer | | |
| New Parent Institution C Contact Information Telephone: | chief Executive Officer | | |
| New Parent Institution C Contact Information | hief Executive Officer | | |

Change report Parent Institution Chief Executive Officer

| Date | |
|------|--|