Commonwealth of Massachusetts Board of Registration in Nursing

244 CMR 6.04 (1)(c) and (1)(f) Notification of Change in Program Administrator

Relevant Regulations at 244 CMR 6.04

- (1)(c) A program administrator, qualified under 244 CMR 6.04(2)(a), shall be appointed to administer the program on a full-time basis.
- (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.
- (2)(a) Administrator. The program administrator shall:
 - 1. hold a current Massachusetts Registered Nurse license in good standing;
 - 2. possess an earned masters degree in nursing or an earned entry level doctorate in nursing;
 - 3. possess a minimum of five years full-time nursing experience, or its equivalent, within the last eight years, with at least three years experience in nursing education; and
 - 4. maintain expertise appropriate to administrative responsibilities.

The Board must approve the appointed program administrator.

Section A.

Date:

Last Name:

Please complete ALL of the following sections.

Parent Institution Information

Parent Institution:			
Address:			
City, State, Zip:			
Chief Executive Officer			
Name and Credentials:			
Email:			
Nursing Education Program Information			
Nursing Education Program:			
Address:			
City, State, Zip:			
Nursing Program Type:	☐ Associate Degree		
	☐ Direct Entry Master's	☐ Diploma	
	☐ Baccalaureate	☐ Practical	
New Program Administrator			
First Name:			

Change in Program Administrator

Credentials:			
Position Title:			
New Program Administrator Contact Information			
Telephone:			
Fax:			
Email:			
Section B. Program Administrator Change Information Provide a brief narrative for each question/prompt.			
Effective Date Month/Date/Year:			
Provide a brief summary of the events leading to the change.			
Narrative:			
Provide plans for mentoring/orientation of the program administrator.			
Narrative:			
Required Documentation (to be included as an Appendix)			
□ Letter of Appointment			
☐ Program Administrator Transcripts for Graduate Degree in Nursing			
□ Program Administrator CV/Résumé			
□ Program Administrator Job Description			
Signature:			
Date			