

# Commonwealth of Massachusetts Board of Registration in Nursing

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

244 CMR 6.04 relevant regulations:

(1)(e) The Parent institution shall appoint an Administrator, qualified under 244 CMR 6.04(2)(a), on a full-time basis and shall provide adequate resources to effectively administer the program.

(1)(f) 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.

(2)(a) Administrator. The program administrator shall:

1. hold a current Massachusetts Registered Nurse license in good standing;
2. possess an earned graduate degree in nursing;
3. develop and maintain competence appropriate to administrative responsibilities including, but not limited to:
  - a. orientation and mentoring to the administrator role;
  - b. knowledge of M.G.L. c. 112, §§ 74 through 81C and 244 CMR
  - c. participation in professional development in nursing education such as certification, continuing education; and
4. possess a minimum of five years full-time nursing experience with at least three years full-time experience, or its equivalent, in nursing education in either:
  - a. a nursing education program designed to prepare a graduate to practice as a Licensed Practical Nurse or a Registered Nurse; or
  - b. a post-licensure graduate nursing education program

The Board must approve the appointed program administrator.

### Section A.

Please complete ALL of the following sections.

#### Parent Institution Information

|  |  |
|--|--|
| Date:  |  |
| Parent Institution:                              |  |
| Address:   |  |
| City, State, Zip:                                |  |
| Chief Executive Officer<br>Name and Credentials: |  |
| Email:   |  |

#### Nursing Education Program Information

|                            |   |
|----------------------------|---|
| Nursing Education Program: |   |
| Address:                   |   |
| City, State, Zip:          |   |
| Nursing Program Type:      | <input type="checkbox"/> Associate Degree |

## Change in Program Administrator

|  |  |  |
|--|--|--|
|  | <input type="checkbox"/> Direct Entry Master's<br><input type="checkbox"/> Baccalaureate | <input type="checkbox"/> Diploma<br><input type="checkbox"/> Practical |
|--|--|--|

### New Program Administrator

|                 |  |
|-----------------|--|
| First Name:     |  |
| Last Name:      |  |
| 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       |  |