**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.

### Please complete ALL of the following sections.

## Parent Institution Information

|  |  |
| --- | --- |
| Date: |  |
| 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: |  |
| 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 |  |