**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 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 |  |