## **Commonwealth of Massachusetts Board of Registration in Nursing**

## 244 CMR 6.10 Notification of Change of Nursing Education Program Name

Relevant Regulations at 244 CMR 6.10: Procedure for a Change of Nursing Education Program Name. (1) The legal name of the program on file with the Board shall be used in all references to the program. (2) The parent institution shall notify the Board in writing of the new name and its effective date, in the event the name of the program is changed. (3) Such notification shall be filed with the Board a **minimum of 30 days before the effective date of the name change.** 

Please complete ALL of the following sections.

<b>Parent Institution Informat</b>	ion		
Date:			
Parent Institution:			
Address:			
City, State, Zip:			
Chief Executive Officer			
Name and Credentials:			
Email:			
Nursing Education Progra	m Information		
Nursing Education Program:			
Address:			
City, State, Zip:			
Nurse Administrator Name			
and Credentials:			
Email:	D Associate Desire		
Nursing Program Type:	☐ Associate Degree		
	☐ Direct Entry Master's	☐ Diploma	
	☐ Baccalaureate	☐ Practical	
New Name			
Parent Institution:			
Nursing Education Program:			
Effective Date			
Month/Date/Year:			
Signature:			
Date			