

**Janice K. Brewer**  
Governor



**Joey Ridenour**  
Executive Director

## *Arizona State Board of Nursing*

### NA TRAINING PROGRAM - NOTICE OF PROGRAM CHANGE

Pursuant to R4-19-801(F), a nursing assistant training program shall submit written documentation and information regarding the following changes within 30 days of instituting the change:

1. Addition of an instructor or coordinator, the name, license number, and documentation of meeting coordinator or instructor requirements of this Section, as applicable; **NOTE: The Coordinator/Instructor Approval Form should be submitted for changes in coordinator and instructors.**
2. Decrease in the number of program hours, a description of the change, the reason for the change, a revised curriculum outline, and a revised course schedule. Changes must be consistent with R4-19-802.
3. Classroom location, the address of the new location, if applicable, and a description of the new classroom. Changes must be consistent with R4-19-801(D).
4. Clinical facility, the name of the new facility and a copy of the clinical contract. Change must be consistent with R4-19-801B(2).
5. For a change in the name or ownership of the facility, the former, present and new name of the facility.

Please include a cover letter detailing the program change and provide supporting documentation. **Certificate of Completion should reflect changes in name, address, program hours.**

PROGRAM INFORMATION			
Name of Nursing Education or Nursing Assistant Training Program			Program Code
Name of Coordinator	Program Telephone Number	Email Address	
Program Address	City	State	Zip-code

PROGRAM CHANGE	✓	SUPPORTING DOCUMENTATION
For a decrease in the number of program hours, a description of the change, the reason for the change, a revised curriculum outline, and a revised course schedule		
For a change in classroom location, the address of the new location, if applicable, and a description of the new classroom		
For a change in a clinical facility, the name of the new facility and a copy of the clinical contract		
For a change in the name or ownership of the facility, the former, present and new name of the facility		

Completed form and attachments may be returned via US mail: Arizona State Board of Nursing, 4747 North 7<sup>th</sup> Street, Suite 200, Phoenix, Arizona 85014; Fax: 602-771-7888; or E-mail: [lvancuyk@azbn.gov](mailto:lvancuyk@azbn.gov)

OFFICIAL USE ONLY	
<input type="checkbox"/> Request Approved	<input type="checkbox"/> Request Denied
Reason for Denial:	
Name of Reviewer	Date