



Arizona State Board of Nursing

NURSING ASSISTANT TRAINING PROGRAM - NOTICE OF PROGRAM CHANGE

Pursuant to R4-19-801(A)(11), A training program shall submit written documentation and information to the Board regarding the following program changes within 30 days of instituting the change:

- a. For a change or addition of an instructor or coordinator, the name, RN license number, and documentation that the coordinator or instructor meets the applicable requirements of R4-19-802 (B) and (C) for CNA programs and R4-19-803 (B) for CMA programs *(Please Note: The Coordinator/Instructor application should be submitted for changes/addition of Coordinators/Instructors.)*
- b. For a change in classroom location, the previous and new location, and a description of the new classroom;
- c. For a change in a clinical facility, the name and address of the new facility and a copy of the signed clinical contract;
- d. For a change in the name or ownership of the training program, the former name or owners and the new name or owners;
- e. For a decrease in hours of the program, a written revised curriculum document that clearly highlights new content, strikes out deleted content and includes revised hours of instruction, as applicable.

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		
Program Name	Program Code	Date
Coordinator Name	Phone	
Address	Fax	
City, State, Zip	Email	

TYPE OF PROGRAM CHANGE	✓	SUPPORTING DOCUMENTS
For a decrease in hours of the program, a written revised curriculum document that clearly highlights new content, strikes out deleted content and includes revised hours of instruction, as applicable		
For a change in classroom location, the previous and new location, and a description of the new classroom		
For a change in a clinical facility, the name and address of the new facility and a copy of the signed clinical contract		
For a change in the name or ownership of the training program, the former name or owners and the new name or owners		

Completed form and attachments may be returned via: **E-mail: LLEDbetter@azbn.gov** *or* US mail:
Arizona State Board of Nursing, 4747 N. 7th St., Suite 200, Phoenix, AZ 85014

OFFICIAL USE ONLY	
<input type="checkbox"/> Change Consistent with Rules	<input type="checkbox"/> Change Potentially Violates Rules
Name of Reviewer	Date