



Board of Nursing

Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

Maryland Board of Nursing

Nursing Assistant Training Program/Acute Care Nursing Assistant Training Program Faculty Change Form

Thank you for taking the time to complete the following Faculty Change Form. This form is being collected in accordance with the Code of Maryland Regulations (COMAR), more specifically, *COMAR 10.39.02.04 Faculty*.

Complete the Faculty Change Form to report any changes in the training program's faculty. The following supporting documentation must accompany each faculty change form:

1. Copy of Maryland registered nurse (RN) license or multistate RN license
 - If applicable, please include copies of licenses or certifications for all supplemental personnel (e.g., RNs, licensed practical nurses (LPNs), or other licensed practitioners).
2. Detailed CV/resume
 - Experience that meets regulatory requirements must be clearly listed.
3. If applicable, copies of faculty certificates of completion of an adult education course.

Return the completed form and supporting documentation to the Certifications Training Programs Unit at: mbon.cnatrainingprogram@maryland.gov. Review the form for accuracy and completeness prior to submission. Forms that are incomplete or require corrections will be returned to the training program for revision.

Faculty Change Form

PROGRAM INFORMATION		
Program Name:	Program Code:	
Address		
Street:		
City:	State:	Zip:
Email:	Phone:	Website:

LICENSEE INFORMATION	
This faculty change form is for a: <input type="checkbox"/> Program Coordinator <input type="checkbox"/> Course Instructor <input type="checkbox"/> Supplemental Personnel	
Licensee Name (as it appears on license):	
Licensee's Email:	Licensee's Phone:
Faculty's License #:	License Expiration Date:

APPROVAL REQUIREMENTS COMAR 10.39.02.04		
If seeking approval of a program coordinator or course instructor, please select "Yes," "No," or "N/A" to the following questions.		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does the licensee have any practice limitations or restrictions on the RN License?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does the licensee have a minimum of 2 years of nursing experience?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does the licensee have experience in teaching adults or supervising nursing assistants?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has the licensee completed a course in teaching adults? If so, attach a copy of the certificate of completion.
		Where did the licensee complete the training?
		Date Completed:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does the licensee have at least one year of experience in the provision of long-term care facility services? If yes, please specify where your experience was acquired in the table below. <i>Note: The provision of long-term care facility services may include providing direct client care or supervisory oversight in a long-term care facility or unit, including in a geriatrics department, chronic care hospital, or other long-term care setting; and teaching a nursing assistant training program that complies with federal law.</i>
Date(s) of Employment	Employer	Job Title and Duties

Faculty Change Form

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Does the licensee meet the requirements under COMAR 13A.12.02.02? <i>Note: Applicable to course instructors in training programs in Maryland public secondary schools.</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	If the licensee is the director of nursing for a facility-based program, will they perform any actual training?
If seeking approval of supplemental personnel, please select “Yes,” “No,” or “N/A” to the following questions. <i>Note: A supplemental personnel may not substitute or serve at any time as the program coordinator or course instructor. See COMAR 10.39.02.04D and 42 CFR 483.152(a)(5)(iv).</i>			
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Does the licensee have at least 1 year of experience in the licensee’s field? Describe the licensee’s specialty:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	If applicable, does the licensee hold a current, unencumbered Maryland license or multistate licensure privilege as a registered nurse or licensed practical nurse?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	If applicable, does the licensee have at least one year of direct client care experience as a registered nurse or license practical nurse?

RESIGNATIONS/TERMINATIONS

Complete this section to report resignation or termination of faculty.

Name of Faculty:	License #:	Date of Resignation/Termination:
Role: <input type="checkbox"/> Program Coordinator <input type="checkbox"/> Course Instructor <input type="checkbox"/> Supplemental Personnel		
Please provide comments regarding the faculty member’s resignation or termination.		

SIGNATURE

I hereby certify that the information provided on and attached to this form is true and correct to the best of my knowledge and belief.

Name of Program Coordinator:	
Signature:	Date: