



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 Substantial Program Change Request Form

Thank you for taking the time to complete the following Substantial Change Request Form. This form is being collected in accordance with the Code of Maryland Regulations (COMAR), more specifically, *COMAR 10.39.02.02E(1)(2) Ongoing Responsibilities*.

Complete the Substantial Program Change Request Form to request Board approval of any substantial changes to your training program. Substantial program changes must be approved by the Maryland Board of Nursing prior to implementation. A change in program ownership can also be reported using this form; however, does not require Board approval.

Return the completed form and supporting documentation to the Certifications Training Programs Unit at: mbon.cnatrainingprogram@maryland.gov.

4140 Patterson Avenue - Baltimore, Maryland 21215-2254
Toll Free: 1 (888) 202 – 9861 • Phone: (410) 585 – 1900 • TTY/TDD: 1 (800) 735 – 2258
www.health.maryland.gov/mbon

Interpreter Services are available upon request.

Substantial Program Change Request Form

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

CHANGE INFORMATION		
	TYPE OF PROGRAM CHANGE	SUPPORTING DOCUMENTS
<input type="checkbox"/>	Change in Program Ownership	Provide documentation of: <ul style="list-style-type: none"> • Change of ownership • Updated contact information, i.e., name, location, email, etc. • If applicable, evidence of notification to the appropriate accrediting agency regarding the change in ownership.
<input type="checkbox"/>	Change in Classroom and Laboratory Facility <i>See COMAR 10.39.02.05A-C</i>	Provide the following documents: <ul style="list-style-type: none"> • Previous and new location(s) • Description of the new classroom and laboratory facility, including space for privacy of faculty-student conferences and space for equipment and instructional materials. • List of laboratory training equipment • If applicable, evidence of notification to the appropriate accrediting agency of the change in classroom and laboratory facility. • Written confirmation that the classroom or laboratory facility is not on conditional or provisional status and does not meet any of the factors set forth in 42 CFR § 483.151(b)(2)-(3) within the last two years.
<input type="checkbox"/>	Curriculum Change (changes that will significantly alter the curriculum, unit objectives or performance indicators) <i>See COMAR 10.39.02.06</i>	Provide the following documents: <ul style="list-style-type: none"> • Proposed curriculum plan • Course schedule showing how the curriculum plan will be delivered.
<input type="checkbox"/>	Change in Program Hours and Schedule <i>See COMAR 10.39.02.06A</i>	Provide a summary of the proposed changes as well as your currently approved schedule and your proposed schedule.

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<input type="checkbox"/>	<p>Change in Instructional Materials <i>See</i> COMAR 10.39.02.05C(1)</p>	<p>Provide the following documents:</p> <ul style="list-style-type: none"> • New textbook information – must include author, publisher, and publication date • Updated curriculum plan showing assigned readings or assignments.
<input type="checkbox"/>	<p>Loss of Nurse Aide Training and Competency Evaluation Program (NATCEP) <i>See</i> COMAR 10.39.02.09E; 42 CFR §483.151(f)(1); and 42 CFR §483.151(f)(3).</p>	<p>Provide official notice from the Maryland Office of Health Care Quality (OHCQ) and/or the Centers for Medicare and Medicaid Services (CMS) confirming that the facility is prohibited from hosting a training program. Include supporting documentation such as:</p> <ol style="list-style-type: none"> 1. Denial of Waiver of Disapproval from OHCQ and/or CMS 2. Waiver of Right to Hearing 3. Final amount of civil money penalty assessed 4. Other documentation supporting OHCQ and/or CMS decision on barring the facility from holding a nurse aide training program.
<input type="checkbox"/>	<p>Removal and/or Addition of Clinical Facilities <i>See</i> COMAR 10.39.02.05D</p>	<p>Provide the name and location of the former and/or new clinical facility.</p> <p>For additions of clinical sites, provide the following documents:</p> <ol style="list-style-type: none"> 1. Copy of the signed written agreement <i>A written agreement is not required for facility-based training programs.</i> 2. Clinical Facility Profile Form 3. Statement of Approval (e.g., copy of OHCQ license or accreditation letter from the Joint Commission)
<input type="checkbox"/>	<p>Other Substantial Program Change</p>	<p>Provide all relevant information needed for review of the proposed change.</p>

SIGNATURE:

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

Program Coordinator (Print Name):	
Signature:	Date