



# 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**

### **Voluntary Closure: Program Notification Form**

Thank you for taking the time to complete the following Voluntary Closure: Program Notification Form. This form is being collected in accordance with the Code of Maryland Regulations (COMAR), more specifically, *COMAR 10.39.02.10 Voluntary Closure*.

Complete this form to notify the Maryland Board of Nursing of the voluntary closure of either an acute nursing assistant training program or nursing assistant training program. The following supporting documentation must accompany this form:

1. Description of arrangements that are in place for custody and safeguarding of student and graduate records.
  - Include the address where student records will be kept.
  - Include the contact information for the person designated to handle student record inquiries.
  - Include the training program provider's policy on record retention and disposition.
2. List of students who were enrolled in the last class.
3. List of students who graduated from the program within the last 12 months.
4. If applicable, provide documentation confirming that student and graduate records, or legible copies of those records, have been filed with the Maryland Higher Education Commission (MHEC).
5. For training program providers not subject to MHEC approval, please provide a detailed plan for the disposition of student records.

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

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](http://www.health.maryland.gov/mbon)

**Interpreter Services are available upon request.**

## Voluntary Closure: Program Notification Form

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

INFORMATION ABOUT THE CLOSURE COMAR 10.39.02.10		
Program closure date:		Date the last class was completed:
Number of students who were enrolled in the last class:		Number of students who graduated from the last class:
<b>Check "Yes," "No," or "N/A" to the following questions.</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did the training program provider continue the program until the committed class schedule of enrolled students was completed? <i>See</i> COMAR 10.39.02.10A(2).
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are there arrangements in place for custody and safeguarding of student and graduate records? <i>See</i> COMAR 10.39.02.10A(1)(b).
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did the training program provider file student and graduate records, or legible copies of those records with MHEC in accordance with Education Article, § 11-401, Annotated Code of Maryland? <i>See</i> COMAR 10.39.02.10B(2). <i>Note: Applicable to training programs who were required to obtain approval from MHEC.</i>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If the training program provider is not required to obtain MHEC approval, is the training program provider seeking Board approval regarding the disposition of student records? <i>See</i> COMAR 10.39.02.10B(3).		

### SIGNATURE

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

Name of Program Coordinator:	
Signature:	Date: