MARYLAND BOARD OF NURSING (MBON) DIALYSIS TECHNICIAN TRAINING PROGRAM ANNUAL REPORT **JULY 1, 202** - JUNE 30, 202

Dear Program Administrator/Coordinator,

6/25/25

Thank you for taking the time to complete the attached Dialysis Technician Training Program Annual Report. This report is being collected in compliance with COMAR 10.39.06.09C(2), which provides:

An approved training program shall submit to the Board an annual report, on the form required by the Board, that includes statistics on enrollments, program completions, and attrition rates.

DIRECTIONS:

- Complete a separate Annual Report for each dialysis technician training program.
- Review for accuracy and completeness prior to submission as it will be returned if incomplete or if corrections are required.
- Submit the Annual Report by December 31st of the applicable calendar year.

Page 1 of 2

I. PROGRAM INFORMATION

Program Name:			Program Code:
Address:			
City:		State:	Zip:
	LEADERSHIP		
Name and Credentials o	of Program Administrator/Co	ordinator:	
Title:		Email:	Telephone:
Fax Number:		Website:	
II. PROGRAM DATA Total Number of Enrollments Total Number of Program Graduates		Attrition Rate (Number of students who did not complete the program divided by the entering class size)	
Provide explanation i	in space below, if applic	able.	

(CONTINUED ON PAGE 2)

6/25/25 Page 2 of 2