



# Board of Nursing

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

## *Maryland Board of Nursing*

### **Dialysis Technician Training Program Faculty Change Form**

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 RN license or multistate RN license
2. Detailed CV/resume
3. If applicable, copies of faculty certificates of completion of an adult education course approved by the Board or evidence of completion of at least 6 credit hours of an adult education program at a college or university

Return the completed form and supporting documentation to the DT Training Program Division email at: [mbon.cdtrainingprogram@maryland.gov](mailto:mbon.cdtrainingprogram@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](http://www.health.maryland.gov/mbon)

**Interpreter Services are available upon request.**

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

FACULTY INFORMATION—COMAR 10.39.06.09d	
Name of Faculty Member(as it appears on license):	License #:
Email:	Phone:

- Indicate the role of the faculty member.
  - ☐ Program Administrator or Coordinator
  - ☐ Class Instructor
  - ☐ Clinical Instructor
- Is this an addition to the program's current faculty or resignation/termination of current staff?
  - ☐ Addition
  - ☐ Resignation/Termination

Date of Resignation/Termination:

I hereby certify that the information provided is true and correct.

Name of Program Administrator/Coordinator:	
Signature:	Date: