



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 Substantial Program Change Request Form

Complete this 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 DT Training Program Division email at: mbon.cdtrainingprogram@maryland.gov.

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

CHANGE INFORMATION		
	TYPE OF PROGRAM CHANGE	SUPPORTING DOCUMENTS
<input type="checkbox"/>	Change in the Ownership of the Program	Provide documentation of the change of ownership and updated contact information, i.e., name, location, email, etc.
<input type="checkbox"/>	Change in Classroom and Laboratory Facility	Provide the previous and new location, a description of the new classroom and laboratory facility, and list of equipment. <i>See</i> COMAR 10.39.06.09E.
<input type="checkbox"/>	Curriculum Change (changes that will significantly alter the curriculum, program objective or outcomes, unit objectives, or performance indicators)	Provide the following documents: <ul style="list-style-type: none"> Proposed curriculum plan Course schedule showing how the curriculum plan will be delivered <i>See</i> COMAR 10.39.06.09F and 42 C.F.R. § 494.140e(3).
<input type="checkbox"/>	Change in Program Hours and Schedule	Provide a summary of the proposed changes as well as your currently approved schedule and your proposed schedule. <i>See</i> COMAR 10.39.06.09F.

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Interpreter Services are available upon request.

<input type="checkbox"/>	Change in Instructional Materials	<p>Provide new textbook information – must include author, publisher, and publication date.</p> <p>Provide your updated curriculum plan showing assigned readings or assignments.</p> <p><i>See COMAR 10.39.06.09E.</i></p>
<input type="checkbox"/>	Removal and/or Addition of Clinical Facilities	<p>Provide the name and location of the former and/or new clinical facility.</p> <p>For additions of clinical sites, provide a copy of the signed written agreement and statement of approval, i.e., copy of OHCQ license. <i>A written agreement is not required for facility-based training programs.</i></p> <p>Provide your responses to the following questions. If you answered “no” to any of the questions, provide an explanation.</p> <ol style="list-style-type: none"> 1. Does the clinical facility have a sufficient number and variety of patients to provide training experiences for all students to achieve the stated course objectives? 2. Does the clinical facility have a sufficient number of RNs and other nursing personnel to ensure safe and continuous care of patients? <ol style="list-style-type: none"> a. Provide documentation listing the number of RNs and other nursing personnel. 3. Does the clinical facility conform with accepted standards of nursing care and practice? 4. Provide the ratio of course instructor to students in the clinical area. <p><i>See COMAR 10.39.06.09E.</i></p>
<input type="checkbox"/>	Other Substantial Program Change	Provide all relevant information needed for review of the proposed change.

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

Program Administrator/Coordinator (Print Name):	
Signature:	Date: