PROGRAM CHANGE - FACULTY DATA FORM

Note: Please complete and attach one (1) form for **each** faculty member with your program approval application. This form is also to be used for faculty changes after initial approval of program.

Attach to each data form submitted:
   (1)   A detailed resume
   (2)   A copy of current Maryland Registered Nurse License

Return To: Nursing Assistant Education Program
                Maryland Board of Nursing
                4140 Patterson Avenue
                Baltimore, MD 21215   Phone: (410) 585-1923

_____   _____
  Name of Applicant   Maryland Nursing License Number

Program Provider's Name & Address   Phone Number:

_____   _____
_____   _____
_____   _____

Program Number: _____

Application for (check all that apply)

_____   Program Director   _____   Program Instructor
_____   Program Coordinator   _____   Clinical Instructor

Signature of Applicant: _____   Date: _____   Phone: _____

For Nursing Faculty Only:

Yes   No

____   ___   Are there practice limitations imposed on your license?

____   ___   Have you attended the Train-the-Trainer Program?
                                If yes, Place: _____   Date: _____

____   ___   Have you previously taught in a nursing or vocational program?

To be completed upon resignation/termination of faculty member:
Date of termination from position: _____
Comments: _____
_____
Keep copy for school records; send original to MBON office.

FOR STATE USE ONLY
Approved: _____ yes ____ no   **By:** _____
(This approval is for this program only)   **Date:** _____