

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: _____