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| **Program Change Request** | | |
| 1. **Program Information** | | |
| **Program Name:** Click or tap here to enter text. | | **Program Number** Enter text.**:** |
| **Person requesting the change:** Click or tap here to enter text. | | **Program Director  Owner** |
| **Date submitting request:** Enter text. | **Date for proposed change to be effective:** Enter text. | |
| **Describe your program change request:** Click or tap here to enter text. | | |
| **Describe the reason or rationale for the proposed change:** Click or tap here to enter text. | | |
| 1. **Instructions for Making a Change Request** | | |
| **Please check the type of program change you are requesting below. Submit all information listed for the type of change with this form. We will review your request as promptly as possible. Please Note:** [**Per WAC 246-841A-420(7)**](https://app.leg.wa.gov/WAC/default.aspx?cite=246-841A-420&pdf=true)**, program change requests must be approved prior to implementation.** | | |
| **Owner/Legal Status Change** | | |
| * **Provide** **documentation** of the change of ownership or legal change. * **Provide the** **new owner’s information:** name, company, type of business, UBI number, Tax ID, mailing address, name(s) of principal(s), and email and telephone contact information. You may attach the information or enter it here: | | |
| **Program Location Change** | | |
| * If there is a **new** **physical address**, please provide it: \_\_ * If there is a **new** **mailing address,** please provide it:\_\_ * Provide **pictures of the new location**. Photos should demonstrate adequate classroom and skills lab space, equipment, and supplies to meet requirements for nursing assistant training programs. | | |
| **Curriculum Plan Change** | | |
| * Attach your **proposed curriculum outline or implementation plan**. * Attach a **schedule showing how your curriculum plan will be delivered** ([Program Schedule template](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fnursing.wa.gov%2Fsites%2Fdefault%2Ffiles%2F2024-06%2FProgram%2520Schedule%2520Template.docx&wdOrigin=BROWSELINK)). * For minor curriculum changes (i.e., changing your implementation plan for one unit), provide a **brief** **narrative summary** **describing the changes** (or difference between the current and proposed curriculum plan): \_\_   **SPECIALTY TRAINING**   * Attach **schedule showing how your curriculum plan with Specialty Training will be delivered** (Units 10, 11, 12 of the Common Curriculum). * **Upload each Instructor’s Certificate of Completion for all Specialty Training units they are training to teach** (Dementia, Mental Health, Developmental Disabled Training) | | |
| **Program Hours or Schedule Change** | | |
| * Attach your **currently approved schedule and** **your proposed schedule** ([Program Schedule template](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fnursing.wa.gov%2Fsites%2Fdefault%2Ffiles%2F2024-06%2FProgram%2520Schedule%2520Template.docx&wdOrigin=BROWSELINK)). * **Provide a brief summary of the change** you are making (i.e., M-F schedule to MWF): \_\_ | | |
| **Textbook Change** | | |
| * Provide **new textbook information** (title, publisher/author(s), publication date): \_\_ * Provide your **updated curriculum outline or implementation plan** showing assigned readings/assignments. | | |
| **Other Program Change** | | |
| * Attach all relevant information needed for review of the proposed change. | | |
| **Program Director’s Signature** | | |
| **Program Director Name:** Click or tap here to enter text.**­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­**  **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** Click or tap here to enter text. ­­­­­­­­­­­­­­­­­­­    **Please print, sign, and return via email to** [WABONNursingAssistantsED@doh.wa.gov](mailto:WABONNursingAssistantsED@doh.wa.gov) | | |