

Oklahoma State Department of Health

Nurse Aide Registry P.O. Box 268816 Oklahoma City, OK 73126-8816 Telephone: (405) 426-8150

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NOTICE OF CHANGE OAC 310:677-3-5(C)

TRAINING PROGRAM:	TRAINING CODE:
COMPLETED BY:	DATE:
ADDRESS:	EFFECTIVE DATE:
OAC 310:677-3-5(c) An approved program shall notify to substantive changes to the program. Substantive changes	- U
Check all applicable boxes and complete the 'Previous' and 'New' sections for the change(s) being reported. Attach all required documents.	
☐ Change in Location of Administrative Offices – OAC 310:677-3-5(c)(1)	
Previous Location:	
New Location:	
☐ Change in requirements or procedure for selection of instructors (Submit documentation) OAC 310:677-3-5(c)(2)	
☐ Change in Curriculum (Submit documentation) – OA	AC 310:677-3-5(c)(3)

☐ Different Legal Entity sponsoring the	Program – OAC 310:677-3-5(c)(4)
Previous Entity:	
New Entity:	
☐ Change in Location of Classroom – O	AC 310:677-3-5(c)(5)
Previous Location:	
New Location:	
☐ Change in Location of Laboratory—	OAC 310:677-3-5(c)(5):
Previous Location:	
New Location:	
☐ Change in Staff- OAC 310:677-3-3(c	(7): (Attach documentation)
*Please note that the Notice of Change is to be sent in advance of the change requested and will need to be reviewed before approval is given.	
Type or Print Name	
Signature	Date
Signature	Date