TEXAS BOARD OF NURSING NOTIFICATION FORM FOR TRANSFER OF ADMINISTRATIVE CONTROL OF A VOCATIONAL OR PROFESSIONAL NURSING EDUCATION PROGRAM

| Current Governing Entity | | | | |
|---|----------------|----------------------------|--------|--|
| Proposed Governing Entity | | | | |
| Date of proposed transfer of control | | | | |
| Name of nursing education program | | Program Code: 27- | | |
| Type of program | | Vocational Professional | | |
| Name of Dean/Director | | Phone No: | Email: | |
| Location of nursing educa and extension sites/campu | | | | |
| Are there any anticipated changes in the nursing education's philosophy, mission, or program hours? | | BRIEFLY DESCRIBE: | | |
| Please refer to Rule 214 and Rule 215 to determine the effects of the changes in administrative control. | | | | |
| Describe the effect of the administrative change on the organizational structure and channels of communication for the nursing education program. Attach an organizational chart. | | BRIEFLY DESCRIBE: | | |
| COMMENTS: | | | | |
| | | | | |
| SIGNATURE: | | | DATE: | |
| *PI | ease attach ad | ditional pages if needed | l. | |
| BON USE ONLY | | | | |
| Approved by: | | | | |
| Date: | | | | |