Oklahoma State Department of Health
Nurse Aide Registry
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HOME CARE ADMINISTRATOR PREPAREDNESS PROGRAM
NOTICE OF CHANGE
OAC 310:664-5-8(a)

TRAINING PROGRAM:	**TRAINING CODE:**
COMPLETED BY:	**DATE:**
ADDRESS:	**EFFECTIVE DATE:**

OAC 310:664-5-8(a) ***An approved preparedness program shall notify the Department for approval when substantial changes to the program are proposed or impending. The Department shall have ninety (90) days after receipt of complete notice of substantial change to approve or deny the proposed change.***

(b) Substantial changes shall include, but not be limited to, the following:

Check all applicable boxes and complete the description sections for the change(s) being reported. Attach all required documents.

☐ **Change in Curriculum (Submit documentation) - OAC 310:664-5-8(b)(1):**

☐ **Change in curriculum delivery (Submit documentation) - OAC 310:664-5-8(b)(2):**

☐ **Change in record retention or change of LMS:**

☐ **Change in Staff– OAC 310:664-5-8(b)(3): (Attach documentation)**

☐ **Change in Location of Classroom – OAC 310:664-5-8(b)(4):**

☐ **Change in Location of Office– OAC 310:664-5-8(b)(4):**

☐ **Additional changes not addressed above:**

☐ **Check if attachments have been added**

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**