Mississippi Board of Nursing

713 S. Pear Orchard Rd., Plaza II, Suite 300, Ridgeland, MS 39157

Nursing Program Name Change Notification Form

Section I. Program Information

Current Name of Nursing Program:

_____

Current Name of Institution:

_____

Institution Address:

_____

City: _____ **State:** _____ **ZIP:** _____

Program Type (check one):

☐ Practical Nursing (PN/LPN)

- ☐ Traditional
- ☐ Night/Weekend
- ☐ Hybrid
- ☐ Other: _____

Program Director: _____

Telephone: _____

Email: _____

Section II. Proposed Name Change

Current Institutional Name:

_____

Proposed Institutional Name:

_____

Effective Date of Name Change:

Reason for Name Change (check one):

☐ Institutional rebranding

☐ Merger or acquisition

☐ Legislative action

☐ Change in ownership

☐ Other (please explain):

Section III. Impact on the Nursing Program

Will the nursing program name also change?

☐ Yes
☐ No
If yes, provide the proposed nursing program name:

Will the name change affect any of the following? (Check all that apply.)

☐ Nursing curriculum
☐ Accreditation status with another accrediting agency
☐ Governing organization
☐ Ownership
☐ Degree or certificate awarded
☐ Program location(s)
☐ Student records or transcripts
☐ None of the above
If any items were checked, provide an explanation:

Section IV. Supporting Documentation

Please **attach** the following, if applicable:

☐ Official documentation approving the institutional name change (Board of Trustees, governing board, legislative approval, etc.)
☐ Documentation from the institutional accreditor and/or U.S. Department of Education have acknowledged the change.
☐ Revised organizational chart
☐ Revised nursing program organizational chart (if applicable)
☐ Revised institutional catalog or announcement reflecting the new name
☐ Updated website announcement (if available)
☐ Other supporting documentation:

Section V. Attestation

I certify that the information provided in this notification is true and accurate to the best of my knowledge. I understand that this notification is provided to inform the accrediting body of the institution's planned name change and that additional documentation may be requested if needed.

Program Director
Name: _____
Signature: _____
Date: ___ / ___ / _____