



Nurse Aide Registry  
Oklahoma State  
Department of Health



**Oklahoma State Department of Health  
Nurse Aide Registry**

P.O. Box 268816  
Oklahoma City, OK 73126-8816  
Telephone: (405) 271-4085 or Toll Free 800-695-2157  
FAX: (405) 271-1130

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

**TRAINING PROGRAM:**

**TRAINING CODE:**

**COMPLETED BY:**

**DATE:**

**ADDRESS:**

**OAC 310:677-3-5(c)** *An approved program shall notify the Department in writing before making substantive changes to the program. Substantive changes shall include but not be limited to:*

**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) – OAC 310:677-3-5(c)(3)**

**Different Legal Entity sponsoring the Program – OAC 310:677-3-5(c)(4)**

Previous Entity: \_\_\_\_\_

New Entity: \_\_\_\_\_

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**Change in Location of Classroom – OAC 310:677-3-5(c)(5)**

Previous Location: \_\_\_\_\_

New Location: \_\_\_\_\_

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**Change in Location of Laboratory – OAC 310:677-3-5(c)(5)**

Previous Location: \_\_\_\_\_

New Location: \_\_\_\_\_

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*\*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**