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NURSE ADMINISTRATOR CHANGE NOTIFICATION

GOVERNING ORGANIZATION

Name of Governing Organization: _____

Program Types:

Please select the program(s) within the nursing education unit.

Clinical Doctorate Master's Baccalaureate Associate Diploma Practical

NEW NURSE ADMINISTRATOR

First Name: _____ Last Name: _____ Credentials: _____

Position Title: _____

Is this appointment permanent or Interim? Permanent Interim*

* If an interim appointment. Provide the timeline for placement of a permanent nurse administrator.

NEW NURSE ADMINISTRATOR CONTACT INFORMATION

Name of Nursing Education Unit: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Office Phone: _____ Office Fax: _____ Email: _____

PLANS FOR MENTORING/ORIENTATION

Are plans for mentoring/orientation included in the letter of appointment? Yes No*

* If No, provide plans for mentoring/orientation of nurse administrator.

To submit your the change in nurse administrator notification, please email the following documents as attachments to subchange@acenursing.org

1. Completed Nurse Administrator Change Notification Form
2. Letter of appointment from the governing organization administrator
3. New nurse administrator's Curriculum Vitae/Resume
4. Documentation verifying that the nurse administrator meets the governing organization and state requirements