Arkansas Department of Health
Arkansas State Board of Nursing
1123 S. University Ave., #800 • Little Rock, AR 72204
(501) 686-2700 • Fax (501) 686-2714

LETTER OF INTENT FOR PROGRAM CLOSURE

Must be received by ASBN at least six (6) months prior to closure.

Submit electronically to brandy.haley@arkansas.gov or by mail at the above address, attention: Dr. Brandy Haley.

> *Title 17. Chapter XXII. Part 127. Certified Medication Assistant or Medication Assistant-Certified. 17 CAR §127-113. Standards for Training Programs. Program Closure. (a)Voluntary.*

The parent institution shall submit a letter of intent for closure which includes:

(a) *Date of closure; and*

(b) *Plan for completion of currently enrolled students.*

The ASBN must approve closure plan prior to implementation. All classes and clinical experience shall be provided until current students complete the program or the parent institution provides for transfer to another acceptable program. Records of a closed program shall be maintained by the parent institution and in compliance with federal and state laws. The institution shall notify the ASBN of arrangements for the storage of permanent student and graduate records.

Information Related to the Program Voluntarily Closing

Name of Program Program Degree

Program Director Name Email address

Program phone number Program Address

Proposed closure date

Briefly describe the reason for voluntarily choosing to close the program.

Attach a document outlining the following:

- Plan for completion of currently enrolled students.
  - Number of currently enrolled students and level of academic rank.
  - How classes and clinical experiences will be carried out until students complete the program or transfer.
- Plan for retaining student records.
  - Arrangements for the storage of permanent student and graduate records.

Your Name Title

Date