**NURSING COUNCIL OF HONG KONG**

**Form for Reporting Organisational Changes for Accredited Continuing Nursing Education Providers**

*(According to Clause 4.8 of the “Manual for Accreditation as A Provider of Continuing Nursing Education”, to maintain accredited status, accredited organisations must report changes in any of the reported data using this form within 30 days for Council’s review and decision.)*

***Please fill in the relevant session(s):***

1. **Changes to the Organisation Name (Effective Date: )**

##### Original Name (Eng):

(Chi):

New Name (Eng):

(Chi):

1. **Changes to the Correspondence Address (Effective Date : )**

New Correspondence Address:

1. **Changes to the Person-in-charge of the Organisation (Effective Date : )**

Name:

Title or Position:

Telephone Number: Fax Number:

E-mail Address:

1. **Delegation and/or Changes of delegated officer(s) to sign the certificates/written statements/records of CNE programmes/activities (Effective Date : )**

**Addition to the list of delegated officers:**

|  |  |
| --- | --- |
| Name of the delegated officer | Title/Position |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |

Justifications of the delegation:

**Removal to the list of delegated officers:**

|  |  |
| --- | --- |
| Name of the delegated officer | Title/Position |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |

1. **Changes to Name of the Provider Unit (Effective Date : )**

Name of the Original Provider Unit:

Name of the New Provider Unit:

1. **Changes to the Beliefs and Goals of the Organisation (Effective Date : )**

New Beliefs and Goals of the Organisation:

1. **Changes to the Educational Goals of the CNE Provider Unit (Effective Date : )**

New Educational Goals of the CNE Provider Unit:

1. **Changes to the Administrative and Organisational Structure (Effective Date: )**

New Administrative and Organisational Structure *(please provide the organisational chart(s) or other schematic(s) that depict the provider unit’s line of authority and organisational communication within the organisation as a whole as well as within the provider unit):*

1. **Changes to the Person-in-charge of the Overall Day-to-day Management and Operation of the Provider Unit (Effective Date : )**

*(Name) (Qualifications) (Position/Title)*

1. **Changes to the List of Nurse Planners (Effective Date : )**

Addition of Nurse Planner(s) to the list (*please provide the CV(s) of the Nurse Planner(s) by using Appendix of the Application Form at the “Manual for Accreditation as a Provider of Continuing Nursing Education”*):

*Name(s) Professional Qualifications Position/Title*

Removal of Nurse Planners from the list:

*Name(s) Professional Qualifications Position/Title*

1. **Others**

Please specify and provide supporting documents as appropriate:

**Submitted by the person-in-charge of the accredited provider:**

Name:

Signature:

Position/Title:

Date:

Contact No.:

Email:

Submitted for:

(Organisation Name)