**Change in Program Sponsoring Institution Personnel**

 September 2018

This form is to be used by programs reporting changes to the **Person Program Director Reports To** or **the Chief Administrative Officer**. Please submit this completed form as described below.

**Program Name:** Click here to enter program name

**Program Director:** Click here to enter name

**Name and title of person completing this form:** Click here to enter name and title

**Date of form completion**: Click here to enter date

**Date form submitted to ARC-PA:** Click here to enter date

**Indicate** any changes as directed below.

## **CHANGE IN PERSON PROGRAM DIRECTOR REPORTS TO**

**Check all that apply:**

[ ]  Resignation/termination of current person Program Director reports to

Name of person leaving position: Click here to enter name

Date effective: Click here to enter date

[ ]  Appointment of **New**: Click here to enter name and title, date effective: Click here to enter date

Name and Credentials: Click here to enter name and credentials

 Email Address: Click here to enter new email address

 Telephone Number: Click here to enter new phone number

**CHANGE IN CHIEF ADMINISTRATIVE OFFICER**

**Check all that apply:**

[ ]  Resignation/termination of current Chief Administrative Officer

Name of person leaving position: Click here to enter name

Date effective: Click here to enter date

[ ]  Appointment of **New:** Click here to enter name and title, date effective: Click here to enter date

 Name and Credentials: Click here to enter name and credentials

 Email Address: Click here to enter new email address

 Telephone Number: Click here to enter new phone number

**Comments or Additional Information:**

Click or tap here to enter comments.

Program should update the Portal with new sponsoring institution personnel changes. Data that will be continually monitored by the Portal with alerts sent to Portal staff will include sponsoring institution name change and change in person to whom the program director reports to.

Receipt of this Change in PA Program Form and any supporting materials required will be acknowledged by the ARC-PA via correspondence sent to the program.

**SIGNATURES**

The signatures of the chief administrative officer and Program Director attest to the completeness and accuracy of the information provided in this application and supporting materials.

I understand and agree that the Program will be subject to an adverse accreditation action which could include denial of accreditation or withdrawal of accreditation, and that future eligibility for accreditation may be denied in the event that any of the statements or answers made in this submitted application are false or in the event that the Program violates any of the policies governing accredited programs.

**Chief Administrative Officer** Of Program’s Sponsoring Institution:

*As listed in the Program Management Portal*

 Enter name Enter date

*The name that appears here is deemed an electronic signature.*

**Program Director:** Enter name Enter date

*The name that appears here is deemed an electronic signature.*

Receipt of this Change in Sponsoring Institution Personnel Form and any supporting materials required will be acknowledged by the ARC-PA via correspondence sent to the program.

**SUBMISSION INSTRUCTIONS**

The program should submit this form by uploading it as a Change in Faculty document type from the program’s portal page. From the portal Program Dashboard, click on Manage Program Documents in the Action Center or click the Documents icon, which looks like several sheets of paper, in the dashboard’s upper-right corner. Click on the link to the pdf Help document “How to Upload.” Do not send any paper copies.

**Submit within 30 days of change.**