CHANGE OF ADMINISTRATION FORM*

*for roles that do not need to be approved by NAACLS

_____

In order for NAACLS to update the database, please complete this form and return to programservices@naacls.org.

Program (School) Name: _____

Program Type *(check all that apply):*

CG ☐ DMS ☐ HT ☐ HTL ☐ MLA ☐ MLM ☐ MLS ☐ MLT ☐ PathA ☐ PHM ☐ PBT ☐

First Name of Administrator: _____

Last Name of Administrator: _____

Professional Title: _____

Salutation: Dr. ☐   Mrs. ☐   Ms. ☐   Mr. ☐   Other: _____

Credentials: *(MPH, EdD, PhD, MD, etc.)* _____

Street address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone Number: __(_____)_____ Ext. *(if applicable)*: _____

Effective Date: _____ Name of Person Replacing:_____