



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@naacsls.org.

Program (School) Name: _____

Program Type (*check all that apply*):

BMS CG DCLS DMS HT HTL MLA

MLM MLS MLT Path A 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: _____