



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@naaccls.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: _____