

**DEAN/ADMINISTRATOR DATA FORM**

**Please report any changes by completing the appropriate fields below.**

**Submit the completed form to:** [**accred@aota.org**](mailto:accred@aota.org)**.**

**New Dean or Administrator to whom the program director reports:**

Please check all programs where this new appointment applies:

OTD program  OTM program  OTA-B program  OTA program

Salutation (e.g., Dr., Ms., Mr.):

Name:

Credentials (e.g., PhD, EdD):

Administrative Title:

Institution:

Address:

City, State, & Zip:

Telephone:

E-mail Address:

**Former Dean or Administrator to whom the program director reported:**

**If applicable, please indicate the name of the dean/administrator being replaced:**

Name:

**Please indicate if the above individual’s access to the program’s record in ACOTE Online (**[**https://acote.aota.org**](https://acote.aota.org)**) should be disabled:**

**Yes, please disable access to ACOTE Online**

**No, this individual still needs access to ACOTE Online**