

**PROGRAM DIRECTOR DATA FORM**

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

**Submit the completed form to:** **accred@aota.org****.**

**New OT/OTA Program Director:**

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, OTR/L):

 Title

 Program/Department

 Institution

 Address

 City, State, & Zip

 Telephone

 E-mail Address

 Program Director’s AOTA ID #:

**Former Program Director**

**If applicable, please indicate the name of the program director being replaced:**

 Name & Credentials

**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**