

**MULTIPLE PERSONNEL CHANGES**

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

**SUBMIT THE COMPLETED FORM TO:** **accred@aota.org**

**1. Chief Executive Officer of Sponsoring Institution**

 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:

**Former Chief Executive Officer of Sponsoring Institution**

**If applicable, please indicate the name of the CEO 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**

**2. 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:

**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**

**3. Academic Fieldwork Coordinator (AFWC)**

 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):

 Administrative Title:

 Telephone:       E-mail:

 AFWC’s AOTA ID #:

**Former Academic Fieldwork Coordinator**

**If applicable, please indicate the name of the AFWC 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**

**4. Doctoral Capstone Coordinator (DCC) – OTD PROGRAMS ONLY**

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

 Name:

 Credentials (e.g., PhD, OTR/L):

 Administrative Title:

 Telephone:       E-mail:

 Doctoral Capstone Coordinator’s AOTA ID #:

**Former Doctoral Capstone Coordinator**

**If applicable, please indicate the name of the Doctoral Capstone Coordinator 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**

***NOTE: For Program Director changes, please refer to ACOTE policy IV.E.4. Program Director Changes available on the*** [***Policies & Procedures***](https://acoteonline.org/accreditation-explained/policies/) ***page of the ACOTE website (***[***www.acoteonline.org***](http://www.acoteonline.org)***) for additional notification requirements.***