

**MULTIPLE PERSONNEL CHANGES**

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

**SUBMIT THE COMPLETED FORM TO:** [**accred@aota.org**](mailto: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.***