



# Program Modification Form

## CAA-03M

*Instructions: Complete Parts 1, 2 and 5, and complete the other sections as they apply to the modifications you are requesting. Please use this form to update already accredited CAA Programs. Items that can be modified are listed below. For any other modifications, please complete CAA-03 Application for Accreditation.*

PART 1: PROVIDER INFORMATION		
Program ID#:		Date Submitted:
Name of company or institution (designated the "accreditable unit"):		
Address:		
Phone #:		Alternate #:
<b>1.1 Person Requesting Change</b>		
First (Given) Name:	Middle Name:	Last (Family) Name:
Job Title:		Email Address:
Phone #:		

PART 2: MODIFICATION(S) REQUESTED (Check all that apply.)
<b>Program Modification – Complete Part 3 (Attach all materials that support modification requested)</b>
<input type="checkbox"/> Geographical Location <input type="checkbox"/> Positions <input type="checkbox"/> Systems
<b>Changes to Contact Information – Complete Part 4</b>
<input type="checkbox"/> Administrator/Official changed <input type="checkbox"/> Company Name changed <input type="checkbox"/> Address changed

## PART 3: PROGRAM MODIFICATION(S)

### 3.1 Program Modification(s)

*NOTE: Must attach an **updated** list with all current geographical locations/positions/systems [if applicable]*

*NOTE: Must attach a brief job description of position(s) being added. If multiple positions are included in this modification, provide required job description for at least two positions being added (one supervisory level and one non-supervisory level position).*

*NOTE: Must attach a list of required competencies for each position being added. If multiple positions are included in this modification, provide required competencies for at least two positions being added (one supervisory level and one non-supervisory level position).*

**Geographical Locations**    ☐ Added    \_\_\_\_\_ (# added)    ☐ Removed    \_\_\_\_\_ (# removed)


**Positions**    ☐ Added    \_\_\_\_\_ (# added)    ☐ Removed    \_\_\_\_\_ (# removed)


**Systems**    ☐ Added    \_\_\_\_\_ (# added)    ☐ Removed    \_\_\_\_\_ (# removed)


## PART 4: CHANGES TO COMPANY OR CONTACT INFORMATION

### 4.1 Changes to Name or Contact Information of Officials or Administrators

#### ***New Responsible Corporate Official (to be Added):***

First (Given) Name:	Middle Name:	Last (Family) Name:
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Job Title:

Phone:	Fax:	Alternate #:
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Email Address:

#### ***Former Responsible Corporate Official (to be Removed):***

First (Given) Name:	Middle Name:	Last (Family) Name:
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<b>New Administrative Contact/Correspondent (to be Added):</b>		
First (Given) Name:	Middle Name:	Last (Family) Name:
Job Title:		
Phone:	Fax:	Alternate:
Email Address:		
<b>Former Administrative Contact/Correspondent (to be Removed)</b>		
First (Given) Name:	Middle Name:	Last (Family) Name:
Job Title:		
Phone:	Fax:	Alternate:
Email Address:		
<b>New Administrative Contact/Correspondent (to be Added):</b>		
First (Given) Name:	Middle Name:	Last (Family) Name:
Job Title:		
Phone:	Fax:	Alternate:
Email Address:		
<b>Former Administrative Contact/Correspondent (to be Removed)</b>		
First (Given) Name:	Middle Name:	Last (Family) Name:
Job Title:		
Phone:	Fax:	Alternate:
Email Address:		
<b>New Administrative Contact/Correspondent (to be Added):</b>		
First (Given) Name:	Middle Name:	Last (Family) Name:
Job Title:		
Phone:	Fax:	Alternate:
Email Address:		
<b>Former Administrative Contact/Correspondent (to be Removed)</b>		
First (Given) Name:	Middle Name:	Last (Family) Name:
Job Title:		
Phone:	Fax:	Alternate:
Email Address:		
<b>New Administrative Contact/Correspondent (to be Added):</b>		
First (Given) Name:	Middle Name:	Last (Family) Name:
Job Title:		
Phone:	Fax:	Alternate:
Email Address:		
<b>Former Administrative Contact/Correspondent (to be Removed)</b>		
First (Given) Name:	Middle Name:	Last (Family) Name:

#### 4.2 Changes to Name of Company or Web Address

Has your company operated under a different name in the past 5 years? ☐ Yes ☐ No

If **YES**, prior name:

Does the company have a new website address? ☐ Yes ☐ No

If **YES**, please provide the new web address:

Reason(s) for change(s):

#### 4.3 Changes to Provider's Primary Administrative Location ("Accreditation Location") **No PO Boxes**

Address Line 1:

Address Line 2:

City:

State:

Country:

Zip/Postal Code:

#### 4.4 Changes to Billing Address of Provider (if different from Primary Location)

Address Line 1:

Address Line 2:

City:

State:

Country:

Zip/Postal Code:

#### PART 5: COMPANY OFFICIAL APPROVING MODIFICATION REQUEST

Signature of Responsible Corporate Official of Company:

Date:

Print or type name and title of Responsible Corporate Official of company.

First (Given) Name

Middle Name

Last (Family) Name

Title of Responsible Corporate Official of Company: