



# Program Modification Form

*Instructions: Please use this form to update already accredited DIT Courses. Items that can be modified are listed below. For any other modifications, please complete DIT-03 Application for Accreditation. For all changes, please complete Parts 1, 2 and 5, remaining section to be completed as they apply to the modifications requested. **If multiple courses need modification(s), submit a separate modification form.***

PART 1: PROVIDER INFORMATION	
Program ID #:	Date Submitted:
Name of company or institution (designated the "accreditable unit"):	
Address:	
Phone #:	Alternate #:
PART 2: MODIFICATION(S) REQUESTED (Check all that apply.)	
<b>Program Modification – Complete Part 3 (Please attach materials that support modification requested; a fee may apply)</b>	
<input type="checkbox"/> Language (if requesting a new language for a course already approved)	<input type="checkbox"/> Course outline/agenda revised
<input type="checkbox"/> Change in number of students	<input type="checkbox"/> Training location added/removed
	<input type="checkbox"/> Address changed
<b>Changes To Contact Information – Complete Part 4</b>	
<input type="checkbox"/> Administrator/Official changed	<input type="checkbox"/> Company Name changed
PART 3: PROGRAM MODIFICATION(S)	
Course affected by Modification(s):	
3.1 Program Modification(s) (Check all that apply.)	
<input type="checkbox"/> Language Added:	
<input type="checkbox"/> Submit Outline/Syllabus	
<input type="checkbox"/> Change in Number of Students:	

**3.2 Changes to Provider’s Primary Administrative Location (“Accreditation Location”) No PO Boxes**

Address Line 1:

Address Line 2:

City:	State:
Country:	Zip/Postal Code:

**3.3 Changes to Billing Address of Provider (if different from Primary Location)**

Address Line 1:

Address Line 2:

City:	State:
Country:	Zip/Postal Code:

**3.4 Changes to Shipping Address of Provider (if different from Primary Location)**

Address Line 1:

Address Line 2:

City:	State:
Country:	Zip/Postal Code:

**3.5 Changes to Training Facility Locations**

List all **fixed** training facility locations administered from the Primary Location and affected by this modification.

<u>Facility Address</u>	<u>City</u>	<u>State</u>	<u>Country</u>	<u>Zip Code</u>	<u>Add/Remove</u>
					Add Remove
					Add Remove
					Add Remove
					Add Remove
					Add Remove

**PART 4: CHANGES/ADDITIONS TO COMPANY'S PERSONNEL**

Add       Remove

Primary Contact       Administrator

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

Phone:	Email:
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Add       Remove

Primary Contact       Administrator

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

Phone:	Email:
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Add       Remove

Primary Contact       Administrator

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

Phone:	Email:
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Add       Remove

Primary Contact       Administrator

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

Phone:	Email:
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Add       Remove

Primary Contact       Administrator

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

Phone:	Email:
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**4.1 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:

What is the new name of your company?

Does the company have a new website address?  Yes  No

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

Reason(s) for change(s):

**PART 5: CORPORATE OFFICIAL SIGNATURE**

**Signature:**

**Date:**

Print or type name and title of Corporate Official Signature.

**First (Given) Name**

**Middle Name**

**Last (Family) Name**

**Job Title:**