

Program ID# _____

Change of Information Form

The ADA ERP Office must be notified within 30 days when there is a change.

Please make copies of this form. Check the box () that applies. Complete that portion of the form.

Please Print or Type so all of the information is clear.

Change in Coordinator *we must be informed immediately when the Coordinator changes.*

Name of Coordinator who is leaving position: _____

New Coordinator: _____

(Name)

(Credentials)

(Title)

New Coordinator email: _____ Phone: _____ Fax: _____

Date Coordinator left position: _____ Date new Coordinator assumed duties: _____

(If there is a break in the above dates please attach a letter explaining who served as interim coordinator.)

DO NOT SEND COPIES OF LICENSES, CDE CERTIFICATES, CEUs, ETC. – THESE SHOULD BE KEPT ON FILE BY THE PROGRAM COORDINATOR

Change of Address or Phone Number

Site Name: _____

Old Address: _____

New Address: _____

Old Phone #: _____ Old Fax #: _____

New Phone #: _____ New Fax #: _____

Review the information about your program on the web site (www.diabetes.org/erp)

Name Change Address: _____

Old Site Name: _____

New Site Name: _____

Old Sponsor Name: _____

New Sponsor Name: _____

Please check one of the choices below.

- This is a name change only. There is no change in the program or the staff.
- There has been a substantive change in the program. (You will be sent an Interim Status Report which will allow you to provide additional details about the program change.)

Site Closed

Site Name/Address: _____

Sponsoring Organization: _____

Please check one of the choices below.

- This site remains in operation but no longer meets the standard. Why? _____
- The site closed on _____. If possible, state briefly why. _____

Site (s) Moves to another Sponsor or Changes in Sponsor relationship

Please send a letter with information about the circumstances of the move or change. State whether the program has moved intact or if there have been substantive changes in the program. If you have questions about the whether your program can maintain Recognition, please contact us and request a copy of the Policy on Transfer of Recognition.

I have reviewed the above information and attest to its accuracy.

Coordinator

Date

**Return this form either by fax to 703-549-1715 or by mail to:
American Diabetes Association, Education Recognition Program
1701 North Beauregard Street
Alexandria, VA 22311**