**Council on Academic Accreditation in Audiology and Speech-Language Pathology**

**Program Director Change Notification**

Programs must notify the CAA of program director changes as soon as possible, but no later than **30 days** after the change, including temporary appointments and sabbaticals. Failure to notify the CAA Accreditation Office within the time lines may jeopardize the program’s accreditation status.

The program must submit notification to the CAA Accreditation Office indicating the name, title, and contact information of the new program director, the effective date of the appointment, and the status of the appointment as an interim or permanent appointment. The program must include documentation about the new program director’s qualifications and credentials that will be reviewed to ensure the individual meets the requirements outlined in [**2017 Accreditation Standards**](http://caa.asha.org/reporting/standards/) **(1.7, 5.11)**. The notice also must include the justification for the change. If the position is vacant, written notification should include the plan for filling the position. A communication regarding the program’scompliance with accreditation standards will be provided to the program once the review has been completed.

**Please provide the following information and submit to the Accreditation Office at** **caareports@asha.org****.**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CAA File #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Professional Area (A/SLP) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Description of the Change**

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| --- | --- |
| **Name of previous Program Director:** |  |
| **Date appointment ended:** |  |
| **Name of new Program Director:** |  |
| **Title:** |  |
| **ASHA Account No.:** |  |
| **Email:** |  |
| **Phone:** |  |
| **Fax:** |  |
| **Date appointment began:** |  |
| **Appointment is (check one):** |  | **Interim** |  | **Permanent** |

**Please describe the reason for the change.**

*Program response:*

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**If the position is vacant or filled on an interim basis, please describe the program’s plan for filling the position.**

*Program response:*

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**If the position is on an interim basis to fill in for a program director on sabbatical, please provide the date when the program director will return from sabbatical.**

*Program response:*

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**New Program Director Qualifications**

**List and describe the contributions this individual has made over the past three years related to the leadership and administration of the accredited program(s) (e.g., committee service related to academic and clinical education) that demonstrates this individual’s ability to effectively lead and administer the program.**

*Program response:*

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**Educational Background:**

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| --- | --- | --- | --- |
| Degree Earned | Institution Name | Year Granted | Major |
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Indicate research specialty areas:

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List publications, presentations completed within the past 5 years.

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List grants awarded within the past 5 years. Provide title, funding source, amount, and authors.

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List clinical service delivery activities over the last 5 years and describe how your education, credentials, and experience qualify you for this role in the program.

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List clinical supervision experiences over the last 5 years your education, credentials and experience qualify you for this role in the program.

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List professional development completed within the past 5 years. Provide the title/topic of activities (can include continuing education activities, attendance and professional meetings, completion of course work, in-services).

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List professionally related service activities conducted for the past 5 years.

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**Please submit completed form to:**

**caareports@asha.org**