A change of program director must be reported in writing and submitted by the **immediate supervisor** of the program director at the time of the change. Forms submitted by the program director will not be accepted. Refer to the [ACEND Accreditation Standards](https://www.eatrightpro.org/acend/accreditation-standards-fees-and-policies/acend-policies-and-procedures) for program director requirements in accordance with each program type. **Submit this form and curriculum vitae or résumé electronically to ACEND staff at** [**ACENDreports@eatright.org**](mailto:ACENDreports@eatright.org).

|  |  |  |  |
| --- | --- | --- | --- |
| Supervisor Full Name and Credentials: |  | | |
| Supervisor Signature: |  | | |
| Institution: |  | | |
| Title: |  | | |
| Work Phone: |  | E-mail: |  |

**Program Type:**

|  |  |  |
| --- | --- | --- |
| Coordinated Program | Dietetic Internship Program | Didactic Program in Dietetics |
| Dietetic Technician Program | Graduate Program | Foreign Dietitian Education Program |
| International Coordinated Program | Advanced Practice Doctorate Program |  |

**New Program Director Information:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| New program director change effective date: | | | | | | Click or tap to enter a date. | | | | | | | | |
| Is this the individual’s first time as a director of an ACEND- accredited program? | | | | | | | | | Yes  No | | | | | |
| Full Name: | | | Last | | | First | | | | | | | M.I. | |
| Title/Position/Credentials: | | |  | | | | | | | | | | | |
| Registered Dietitian Nutritionist (RDN) **OR** Nutrition andDietetic Technician Registered (NDTR) (DT programs only) | | | | | | | | | | | | | | |
| CDR Registration #: | |  | | | | | | | | | | | | |
| Number of years’ experience post CDR credentialingas an RDN or NDTR: | | | | | | | |  | | | | | | |
| Institution: | | |  | | | | | | | | | | | |
| Address: | | |  | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | |
|  | | | City |  | | | State | |  | ZIP Code | |  | | |
| Office Phone: | | |  | | | Office Fax: |  | | | | | | | |
| E-mail: | | |  | | | Web URL: |  | | | | | | | |
| Employment status: | | | Full- time  Other  If other, explain: | | | | | | | | | | | |
| Faculty status: | Tenured | | Non-tenured | | Adjunct | Non-University Position | | | | | Administrative Staff | | | NA |
| Time allocated for program director responsibilities (noted as a percentage, course release or actual hours): | | | | | | | | | | | | |  | |
| Degree(s): |  | | | | Institution: |  | | | | | | | | |
| **Note:** If the program director does not meet any of the requirements noted in the ACEND Accreditation Standard 1, Required Element 1.5.c, a narrative **must** be included with this request that details the plan to place a program director who meets the specific requirement within Standard 1, Required Element 1.5.c. and the timeline to come into compliance with this requirement. | | | | | | | | | | | | | | |