



Program Modification Form

Instructions: Complete Parts 1, 2 and 5, and complete the other sections as they apply to the modifications you are requesting.

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

PART 2: MODIFICATION(S) REQUESTED (Check all that apply.)
Course Modification – Complete Part 3 (Supply program materials that support modification requested)
<input type="checkbox"/> Course manual and Course Verification Form revised <input type="checkbox"/> Course outline/agenda revised
<input type="checkbox"/> Curriculum revised <input type="checkbox"/> Language (if requesting a new language for a course already approved)
<input type="checkbox"/> Training location added/removed
Changes To Contact Information – Complete Part 4
<input type="checkbox"/> Official/Instructor/Administrator changed <input type="checkbox"/> Company Name changed <input type="checkbox"/> Address changed
<input type="checkbox"/> Floor plan change (Attach additional information, as needed, such as GTW-03F Facility Floor Plan(s) form.)
<input type="checkbox"/> Other (Explain):

PART 3: COURSE MODIFICATION(S)

3.1 Course Affected

Introduction to Oil and Gas

3.2 Description/Details of Modification(s)

List and describe all modifications that apply.

3.3 Reason for Modification(s)

3.4 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>Add/Remove</u>	
				Add	Remove
				Add	Remove
				Add	Remove
				Add	Remove

PART 4: CHANGES TO COMPANY OR CONTACT INFORMATION

4.1 Changes to Name or Contact Information of Officials or Administrators

New Responsible Corporate Official

First (Given) Name:	Middle Name:	Last (Family) Name:
Job Title:		
Phone:	Fax:	Alternate #:
Email Address:		

Former Responsible Corporate Official (to be Removed)

First (Given) Name:	Middle Name:	Last (Family) Name:
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New Primary Instructor of Course

First (Given) Name:	Middle Name:	Last (Family) Name:
Job Title:		
Phone:	Fax:	Alternate #:
Email Address:		

Former Primary Instructor of Course (to be Removed)

First (Given) Name:	Middle Name:	Last (Family) Name:
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New Administrative Contact/Correspondent:

First (Given) Name:	Middle Name:	Last (Family) Name:
Job Title:		
Phone:	Fax:	Alternate:
Email Address:		

Former Administrative Contact/Correspondent: (to be Removed)		
First (Given) Name:	Middle Name:	Last (Family) Name:
New Other Administrative Contact/Correspondent		
First (Given) Name:	Middle Name:	Last (Family) Name:
Job Title:		
Phone:	Fax:	Alternate #:
Email Address:		
Former Other Administrative Contact/Correspondent (to be Removed)		
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? <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES , prior name:
What is the new name of your company?
Does the company have a new website address? <input type="checkbox"/> Yes <input type="checkbox"/> 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:

4.5 Other Change(s)

Describe the Modification(s) being implemented and give the reason for the modification.

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: