



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.)
Program Modification – Complete Part 3 (Supply program materials that support modification requested)
<input type="checkbox"/> Course length 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"/> Administrator/Official changed <input type="checkbox"/> Company Name changed <input type="checkbox"/> Address changed
<input type="checkbox"/> Remove Instructor <input type="checkbox"/> Other (Explain):

PART 3: COURSE MODIFICATION(S)

3.1 Course Length

What is the total duration of your program in hours and minutes?

_____ hours _____ minutes

NOTE: Please do not list a variation of different times, e.g., 8-10 hours. The time listed must be specific, e.g., 9 hours and 45 minutes.

3.2 Language Added

English Spanish Arabic Mandarin Other (specify):

3.3 Changes to Training Facility Locations

List all 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>	
				<input type="checkbox"/> Add <input type="checkbox"/> Remove
				<input type="checkbox"/> Fixed
				<input type="checkbox"/> Traveling
				<input type="checkbox"/> Add <input type="checkbox"/> Remove
				<input type="checkbox"/> Fixed
				<input type="checkbox"/> Traveling
				<input type="checkbox"/> Add <input type="checkbox"/> Remove
				<input type="checkbox"/> Fixed
				<input type="checkbox"/> Traveling
				<input type="checkbox"/> Add <input type="checkbox"/> Remove
				<input type="checkbox"/> Fixed
				<input type="checkbox"/> Traveling

3.4 Description/Details of Modification(s)

List and describe all modifications.

3.5 Reason for Modification(s)

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:
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Job Title:

Phone:	Fax:	Alternate #:
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Email Address:

Former Responsible Corporate Official (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:
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Job Title:

Phone:	Fax:	Alternate:
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Email Address:

Former Administrative Contact/Correspondent:(to be Removed)

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

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

Phone:	Fax:	Alternate #:
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Email Address:

Additional Administrative Contact/Correspondent:		
First (Given) Name:	Middle Name:	Last (Family) Name:
Job Title:		
Phone:	Fax:	Alternate #:
Email Address:		
Additional Administrative Contact/Correspondent:		
First (Given) Name:	Middle Name:	Last (Family) Name:
Job Title:		
Phone:	Fax:	Alternate #:
Email Address:		
Additional Administrative Contact/Correspondent:		
First (Given) Name:	Middle Name:	Last (Family) Name:
Job Title:		
Phone:	Fax:	Alternate #:
Email Address:		
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 Changes to Instructors

Please list any changes to RigPass Instructors linked to your accreditation.

INSTRUCTOR'S NAME	CERTIFICATE NUMBER	DATE OF BIRTH	ADD/REMOVE
			<input type="checkbox"/> Remove

4.6 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: