



# Notice of ACEP Information Change Form

Please use the Notice of ACEP Information Change Form (the form) to notify NBCC of pertinent ACEP information changes and/or modifications. **You must enter an answer for each item on the form; check n/a as appropriate. Some information changes may impact a Provider's ACEP status and/or require the submission of additional information, materials, and/or fees. Email the completed form to [continuinged@nbcc.org](mailto:continuinged@nbcc.org).**

ACEP Name: \_\_\_\_\_

ACEP #: \_\_\_\_\_

## Business Modification

Is the change request a result of a business structure change? For example, the business experienced an ownership change, acquisition, merger, or transfer.  Yes  No

If yes, please explain: \_\_\_\_\_

Was there a change with the affiliated business form(s)? For example, legal corporation, LLC, DBA, or sole proprietorship.

Yes  No If yes, please explain: \_\_\_\_\_

Name of new owner: \_\_\_\_\_  n/a

## ACEP Name Change

Are you requesting an ACEP name change?  Yes  No

If yes, what is the requested name? \_\_\_\_\_

## ACEP Administrator Information Change

*The ACEP administrator serves as the primary contact person with NBCC concerning all ACEP matters.*

Name: \_\_\_\_\_  n/a Title: \_\_\_\_\_  n/a

Email Address: \_\_\_\_\_  n/a Phone Number: \_\_\_\_\_  n/a

## ACEP Continuing Education Program Administrator Information Change

*The program administrator is responsible for assuring that the content of all programs offered for NBCC credit and the qualifications of all program presenters satisfy NBCC requirements. The CE program administrator must hold an advanced degree in a mental health field from an accredited educational institution. The program administrator may also serve as the ACEP administrator.*

Name: \_\_\_\_\_  n/a Title: \_\_\_\_\_  n/a

Educational Degree and Field of Study: \_\_\_\_\_  n/a

Email Address: \_\_\_\_\_  n/a

## Contact Information Change

Mailing Address: \_\_\_\_\_  n/a

City, State, ZIP Code: \_\_\_\_\_  n/a

Physical Address (if different from above): \_\_\_\_\_  n/a

Business Telephone: \_\_\_\_\_  n/a; Business Email Address: \_\_\_\_\_  n/a

Business Website: \_\_\_\_\_  n/a

Primary Executive's Titles: \_\_\_\_\_  n/a

Primary Executive's Email Address: \_\_\_\_\_  n/a

*By providing my electronic signature, on behalf of the Provider, I attest that the information provided in this Notice of ACEP Information Change Form is complete, accurate, and compliant with the NBCC Continuing Education Provider Policy.*

Name and Credentials of Authorized Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_