



**APPLICATION FOR TRANSFER OF SPONSORSHIP
OF AN ACCREDITED PROGRAM
FORM 300**

- Signatures of the individuals identified in Section III & IV constitute an official request for the JRCERT to continue the accreditation of the program under the new sponsor.
- The new sponsor must provide documentiaton of institutional accreditation [e.g., accreditation by an agency recognized by the United States Department of Education (USDE), Council for Higher Education Accreditation (CHEA) or The Joint Commission (TJC) or equivalent].
- Upon review of the application materials, the JRCERT will establish the program’s total capacity and the capacity at each clinical education/practice setting.
- The new sponsor must complete JRCERT Form 104 for recognition of any new clinical education/ practice setting(s).
- Include substantive change fee – See Fee Schedule at www.jrcert.org.

I. JRCERT PROGRAM NUMBER: _____

II. EFFECTIVE DATE OF TRANSFER: _____

III. CURRENT SPONSORING INSTITUTION:

Name

Mailing Address

City State Zip Code

Chief Executive Officer:

Name (Print) Degree/Credentials Title

Mailing Address

City State Zip Code

Signature Authorizing Transfer of Sponsorship Date

IV. NEW SPONSORING INSTITUTION:

Name

Mailing Address

City State Zip Code

Chief Executive Officer:

Name (Print) Degree/Credentials Title

Mailing Address E-mail Address

City State Zip Code

Signature Authorizing Acceptance of Sponsorship Date

Dean or Comparable Departmental Administrator:

Name (Print) Degree/Credentials Title

Mailing Address E-mail Address

City State Zip Code

Signature Date

Program Director: *(Attach curriculum vitae and current professional registration if new appointment)*

Name (Print) Degree/Credentials Title

New Mailing Address E-mail Address

City State Zip Code Area Code/Business Phone Number

Signature Date

V. PROVIDE A NARRATIVE AND EXHIBITS, AS NECESSARY, TO ASSURE ONGOING COMPLIANCE WITH THE STANDARDS. SPECIFIC ATTENTION SHOULD BE GIVEN TO PROGRAM FACULTY, CURRICULUM, AND PROGRAM OPERATIONS.

VI. LIST BELOW THE NAME AND LOCATION OF JRCERT-RECOGNIZED CLINICAL EDUCATION/PRACTICE SETTINGS:

Name of Clinical Education/Practice Setting

Address

Current Clinical Instructor(s)/Supervisor(s)/Preceptor(s)*

For office use only, Do NOT Complete - JRCERT approved Clinical Total Capacity: _____

Name of Clinical Education/Practice Setting

Address

Current Clinical Instructor(s)/Supervisor(s)/Preceptor(s)*

For office use only, Do NOT Complete - JRCERT approved Clinical Total Capacity: _____

Name of Clinical Education/Practice Setting

Address

Current Clinical Instructor(s)/Supervisor(s)/Preceptor(s)*

For office use only, Do NOT Complete - JRCERT approved Clinical Total Capacity: _____

Name of Clinical Education/Practice Setting

Address

Current Clinical Instructor(s)/Supervisor(s)/Preceptor(s)*

For office use only, Do NOT Complete - JRCERT approved Clinical Total Capacity: _____

Name of Clinical Education/Practice Setting

Address

Current Clinical Instructor(s)/Supervisor(s)/Preceptor(s)*

For office use only, Do NOT Complete - JRCERT approved Clinical Total Capacity: _____

Name of Clinical Education/Practice Setting

Address

Current Clinical Instructor(s)/Supervisor(s)/Preceptor(s)*

For office use only, Do NOT Complete - JRCERT approved Clinical Total Capacity: _____

Name of Clinical Education/Practice Setting

Address

Current Clinical Instructor(s)/Supervisor(s)/Preceptor(s)*

For office use only, Do NOT Complete - JRCERT approved Clinical Total Capacity: _____

Name of Clinical Education/Practice Setting

Address

Current Clinical Instructor(s)/Supervisor(s)/Preceptor(s)*

For office use only, Do NOT Complete - JRCERT approved Clinical Total Capacity: _____

** Attach curriculum vitae and current professional registration if **new** appointment.*