



## APPLICATION FOR TRANSFER OF SPONSORSHIP OF AN ACCREDITED PROGRAM Form 300

The JRCERT permits transfer of program sponsorship from one sponsor to another, as outlined in JRCERT policy I I.404. Transfer of sponsorship requests must have JRCERT approval prior to implementation. The program must submit the transfer of sponsorship fee prior to Board consideration. Click [here](#) to view the current fee schedule.

If the transfer of sponsorship is approved by the JRCERT, the new sponsor must seek recognition of any new clinical setting(s). If a transfer is requested from a hospital-based program to a college/university-based program, the program must seek recognition of the previous sponsor as a clinical setting. Application of new clinical settings must be entered through the JRCERT Accreditation Management System (AMS) once the new sponsor/program has been given access.

The application must contain, at a minimum, the below items. Provide any supporting documentation to the below questions in PDF format. Please begin the name of the file with the number of the section to which the document corresponds. Signatures of the individuals identified in Sections III, V, VI, and VII constitute an official request for the JRCERT to continue the accreditation of the program under the new sponsor.

Please send the completed application and any supporting documents to [mail@jrcert.org](mailto:mail@jrcert.org).

I. General Information	
Effective Date of Transfer	
Current JRCERT Program Number	

II. Current Sponsor Information	
Institution Name	
Institution Mailing Address	
City	
State	
Zip Code	

### III. Current Sponsor Chief Executive Officer Information

Name	
Degree/Credentials	
Title	
Mailing Address	
City	
State	
Zip Code	
Signature Authorizing Transfer of Sponsorship	
Date of Signature	

### IV. New Sponsor Information

Institution Name	
Institution Mailing Address	
City	
State	
Zip Code	
Institutional Accreditor ( <i>attach documentation of institutional accreditation</i> )	
State(s) in which institution is approved to provide post-secondary education ( <i>attach documentation of state approval</i> )	
Terminal Award to be Granted	
Length of the Transferred Program	
Tuition Cost Per Year	

### V. New Sponsor Chief Executive Officer Information

Name	
Degree/Credentials	
Title	
Email Address	
Mailing Address	
City	
State	
Zip Code	
Signature Authorizing Acceptance of Sponsorship	
Date of Signature	

### VI. New Sponsor Dean or Comparable Departmental Administrator Information

Name	
Degree/Credentials	
Title	
Email Address	
Mailing Address	
City	
State	
Zip Code	
Signature	
Date of Signature	

## VII. New Sponsor Program Director

Name	
Degree/Credentials	
Title	
Email Address	
Mailing Address	
City	
State	
Zip Code	
Phone Number	
Is this program director a new appointment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please attach curriculum vitae and current professional registration.</i>
Signature	
Date of Signature	

## VIII. Curriculum

Attach a copy of the curriculum.

Attach a completed Curriculum Analysis Grid, [found here](#).

### IX. JRCERT-Recognized Clinical Settings

Name of Clinical Setting	
Address	
City	
State	
Zip Code	
Current Clinical Preceptor(s)	



Name of Clinical Setting	
Address	
City	
State	
Zip Code	
Current Clinical Preceptor(s)	



Name of Clinical Setting	
Address	
City	
State	
Zip Code	
Current Clinical Preceptor(s)	

Name of Clinical Setting	
Address	
City	
State	
Zip Code	
Current Clinical Preceptor(s)	
Name of Clinical Setting	
Address	
City	
State	
Zip Code	
Current Clinical Preceptor(s)	
Name of Clinical Setting	
Address	
City	
State	
Zip Code	
Current Clinical Preceptor(s)	

*If more than six (6) recognized clinical settings, duplicate and attach additional page(s) as necessary, or attach JRCERT Clinical Summary Report.*

For each of the following objectives, please provide a brief narrative and supporting documentation to assure ongoing compliance with the Standards.

**X. Objective 1.1**

**XI. Objective 2.1**

## XII. Objective 2.2

## XIII. Objective 2.3



**XIV. Objective 3.1**

**XV. Objective 3.2**

**XVI. Objective 3.3**

**XVII. Objective 4.2**

## Appendix A – Supporting Documentation

*The following is a reference of supporting documentation identified in the above application to be submitted with the Transfer of Sponsorship Application:*

- A. Documentation of the new sponsor's institutional accreditor;
- B. Documentation of the new sponsor's state approval to provide post-secondary education;
- C. Curriculum vitae and current professional registration of newly appointed program director, if applicable;
- D. A copy of the curriculum;
- E. A completed curriculum analysis grid;
- F. Supporting documentation for the objectives identified in Sections X – XVII.