



Renewal Application

PRIMARY INFORMATION		
Name of College/University:		
Name of President:		
Name of Dean:		
Name of Department Chair		
Name of Program Coordinator: <i>(if applicable)</i>		
Regionally Accredited By:		
CONTACT INFORMATION OF PERSON RESPONSIBLE FOR COORDINATION OF THE PROGRAM APPROVAL APPLICATION		
Name:		
Title/Position:		
Mailing Address:		
City:	State:	Zip Code:
Mobile Phone:	Phone:	Fax:
Email:		
CONTACT INFORMATION OF PERSON TO RECEIVE APPROVED CERTIFICATE OF ACCREDITATION <i>(once approved)</i>		
Name:		
Title/Position:		
Mailing Address:		
City:	State:	Zip Code:
Email:		Phone:

Enter Payment Information on Next Page

PAYMENT			
Total payment due with application: \$1,500 (\$1,000 application fee and \$500 annual fee).			
METHOD OF PAYMENT			
Check Enclosed (Made Payable to "National Addiction Studies Accreditation Commission" or "NASAC")			
Check Number:		Date of Check:	
Pay by Credit Card:	VISA	MasterCard	Amex
CREDIT CARD INFORMATION			
Card Number:		Exp. Date:	
Name on Card:			
Address:			
City:	State:	Zip Code:	
Signature:		Date:	

Please email or mail completed applications to email:
info@nasacaccreditation.org, mail: NASAC, 44 Canal Center Plaza, Suite
 301, Alexandria, VA 22314

ADMINISTRATIVE USE ONLY					
Date Received		NASAC Number		Expiration Date	
Approved		Not Approved	Date	Staff	
Certificate and Letter Sent		Date		Staff	