



ACCREDITATION RENEWAL APPLICATION

I. PRIMARY COLLEGE/UNIVERSITY INFORMATION:

College/University Name: _____

President Name: _____

Dean Name: _____

Dept. Chair Name: _____

Program Coordinator Name: _____

Regionally Accredited By: _____

II. CONTACT INFORMATION OF PERSON RESPONSIBLE FOR COORDINATION OF PROGRAM APPROVAL APPLICATION:

Name: _____

Title/Position: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Best Phone: _____ Email: _____

III. CONTACT INFORMATION OF PERSON TO RECEIVE APPROVED CERTIFICATE OF ACCREDITATION (ONCE APPROVED):

Name: _____

Title/Position: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Best Phone: _____ Email: _____

IV. PROGRAM UPDATES

On your college/university letterhead, please submit a narrative describing each of the following:

- A. Any significant changes in the administrative status of your program (e.g. the addiction studies-focused program has been subsumed within the Behavioral Health Program as a track or cluster of courses);
- B. The addition or elimination of program components (e.g. addition of an online degree or reduction of course content requirements);

- C. Any changes in the curriculum (e.g. addition of new courses, elimination of courses, change from in-person to online only program);
- D. Any changes in staffing patterns of your program (e.g. addition of new full-time faculty, program no longer has a full-time faculty coordinator or instructor);
- E. If not previously submitted, how the major substance-related and addictive disorders counselor competencies, as outlined in TAP 21, are covered in your coursework; and
- F. Any significant events that affected your program that have not been addressed in sections IV(A) – (F) (e.g. loss of regional accreditation, grants received, loss of funding, award or public notice, change in state credentialing requirements etc.). Please include any information or accomplishments that you'd like to highlight; such information is useful in highlighting the work of NAADAC accredited institutions.

Please note that if your college/university's regional accreditation is put on probationary status, the program's NASAC accreditation will be placed on probationary status as well.

V. PAYMENT/FEE INFORMATION

PAYMENT DUE: \$1500 initial renewal fee

Check Enclosed Made Payable to "National Addiction Studies Accreditation Commission"

Check Number: _____ Date of Check: _____

Credit Card Visa MasterCard American Express

Name on Card: _____ Exp. Date: _____

Card Number: _____ CVC: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____

VI. SUBMISSION

Please submit your completed application, letter, and payment by email to admin@nasacaccreditation.org or by mail to:

NASAC
44 Canal Center Plaza, Ste 301
Alexandria, VA 22314.

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