|  |  |
| --- | --- |
| Education provider |  |
| Address of head office |  |
| Contact person name & title |  |
| Telephone number |  |
| Mobile Phone number |  |
| Email address |  |
| Please tick appropriate category | [ ]  Accreditation of a new program[ ]  Modification of an existing program (*Please provide a brief description of the changes)* |
| Program Name |  |
| Do you currently conduct a similar accredited program? | [ ]  Yes [ ]  No  |
| Sites or campuses where the program will be conducted (include physical address)Please add additional sites as required | 1.2.3. |
| Expiry date of currently accredited program |  |
| Anticipated date of lodgement of submission |  |
| Anticipated date to offer new program/major modification |  |

### Please submit your intention to submit application to:

accreditation@anmac.org.au

**Or**

|  |
| --- |
| intention to submit application for accreditation |

Executive Director
Accreditation & Assessment Services
Australian Nursing & Midwifery Accreditation Council
GPO Box 400
Canberra City ACT 2601