

# Accredited Provider Notification of Change

Please complete the relevant sections below and return to [accreditation@apm.org.uk](mailto:accreditation@apm.org.uk)

Section 1	
Organisation name	
Date of notification	
Change of contact(s)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Change of delivery	Yes <input type="checkbox"/> No <input type="checkbox"/>
Change of URL or logo	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 2 to be completed by the Accredited Training provider to update contacts		To be completed by APM Approved and actioned
Contact details to be removed	Name Email Role performed	
Contact details to be added	Name Email Role	
Change of website address and/or logo. Please attach new logo if applicable as a .png	Old URL: New URL:	

Section 3 to be completed by the Accredited Training provider to update delivery content		To be completed by APM Approved and actioned
Confirm the changes		
State the rationale behind the changes		
Confirm evidence being submitted for review		

Accredited Training provider	APM
Name	Name
Signed	Signed
Date	Date
Job role	Job role