**Organization name change form and instructions**

As soon as the decision is made to change the organization name, complete this form and submit to ACE staff at ace@aswb.org.

**Please note**: The organization’s ACE provider number will not change.

Providers must adhere to the following requirements when changing the name of the organization

1. Retain information about the former name on your website and on all current course promotional information for a three-year period.
2. ACE does not dictate how the organization designs the website or other promotional material, but expects the information regarding the change to be conspicuous and easily accessible by the viewer.
3. Certificates for courses taken before the date of name change must retain the original ACE approval statement, including the organization’s original name.
4. Certificates for courses taken the day of and after the date of name change must include the new ACE approval statement, complete with new organization name and “formerly (old name)” for a three-year period. For example:

[New provider name], [provider number], formerly [old provider name], is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved as ACE providers. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. [Provider name) maintains responsibility for this course. ACE provider approval period: [dates]. Social workers completing this course receive [number] [type] continuing education credits.

Old name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Change effective date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(ACE staff will change the name of your organization in the ACE database, effective on this date.)

 **Please sign below acknowledging agreement to the terms outlined above.**

Print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_