

## REPORT OF CHANGE IN INFORMATION FOR APPROVED SCHOOLS

In accordance with Title 17 of the California Code of Regulations (17 CCR), section 30435, an official of a school approved pursuant to 17 CCR, section 30412, shall inform the Department in writing within 30 days of changes in school location, telephone number, program director, clinical coordinator, accreditation status, course offerings or affiliation agreements. 17 CCR, section 30437, requires that an approved school shall, within 30 days of discontinuance of the school, notify the Department of how student records will be preserved.

**INSTRUCTIONS: Complete School Information. Then complete only sections for which a change has occurred. Attach supporting documentation as indicated.**

<b>School Information</b> (As it appears on the Department-issued school approval certificate)	
Name of School	School ID Number

<b>Change in School Information</b> (Complete only applicable fields. Do not use this form for change of ownership.)		
New Name of School		
New Street Address	City	ZIP Code
New Mailing Address	City	ZIP Code
New Telephone Number	New E-mail Address	

<b>Change in Program Director or Clinical Coordinator Information</b>	
<input type="checkbox"/> <b>New Program Director or Clinical Coordinator.</b> Attach documentation to indicate that each new faculty member meets the qualification requirements of 17 CCR, section 30418.	
Name	Title
Phone Number	E-mail Address
<input type="checkbox"/> <b>Removing current Program Director or Clinical Coordinator</b>	
Name	Title
Phone Number	E-mail Address
<input type="checkbox"/> <b>Change in current Program Director or Clinical Coordinator information</b>	
Name	Title
Phone Number	E-mail Address

**Change in JRCERT accreditation status** (Joint Review Committee on Education in Radiologic Technology)

Initial JRCERT accreditation received, effective \_\_\_\_\_ date

JRCERT accreditation withdrawn, effective \_\_\_\_\_ date

**Change in Course Offerings or Curricula** (Only if the new curricula no longer meets the applicable regulations)

Changes to current courses. Attach course descriptions and hours.

**Discontinuance of a school**

Discontinuance of the school effective \_\_\_\_\_ date

The school's approval certificate is attached and is being returned to the Department.

Documentation is attached to inform the Department how the record retention requirements of 17 CCR, section 30437(b) will be met.

***By my signature below, I declare that the information submitted on this form and its attachments is true and correct.***

Name of Designated School Official (print clearly)	Title
Signature of Designated School Official	Date

**Mail completed form and supporting documentation to either address below:**

Mailing Address:  
California Department of Public Health  
Radiologic Health Branch, MS 7610  
Certification Unit (X-ray Schools)  
P.O. Box 997414  
Sacramento, CA 95899-7414

Express Mail:  
California Department of Public Health  
Radiologic Health Branch, MS 7610  
Certification Unit (X-ray Schools)  
1500 Capitol Avenue, Fifth Floor, Bldg. 172  
Sacramento, CA 95814-5006