**NH Juvenile Court Diversion Network**

10 Ferry Street, Suite 333

Concord, NH 03301

Office: 603-225-9540 x104

www.NHCourtDiversion.org

**Request for Accreditation Review**

According to NH Juvenile Court Diversion Network Bylaws, my program has experienced a change in status requiring a review of our Accreditation status as outlined below:

|  |
| --- |
| **Contact Information** |
| Contact Name |  | Email |  |
| Title |  | Phone |  |
| Program Name |  | CEO/Director |  |
| Street Address |  | CEO Email |  |
| City/State/ZIP |  | County |  |
| Website |  | Facebook/other |  |
| **Reason for Request** |
| Program status has changed in the following areas (please check all that apply):🞎 Fiscal agent 🞎 Physical location 🞎 Key personnel 🞎 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please explain:  |
| 🞎  | I understand it is the program’s responsibility to review the current Accreditation Standards to determine which items need to be updated based on our circumstances. |
| 🞎 | I understand that I may be asked to participate in a site visit based on the reason for this Review. |
| 🞎 | I have reviewed the standards and identified which items will need to be updated. |
| 🞎 | I commit to providing the required updated documentation within three months of the date of this form. |
| 🞎 | I understand that my Accreditation may be revoked if I am unable to complete all required provisions prior to the agreed upon deadline. |
| Please list any challenges or barriers you are aware of at this time that may impact your Accreditation status: |
| **Acknowledgment** |
| **Program** |  | **Accreditation Committee** *For Office Use*  |
| ProgramSignature  |  | **Received** |  |
| Print Name |  | **Action** |  |
| Date Submitted |  |