**NH Juvenile Court Diversion Network**

100 N. Main Street, Suite 400

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* | |
| Program  Signature | | |  | | **Received** |  |
| Print Name | | |  | | **Action** |  |
| Date Submitted | | |  | |